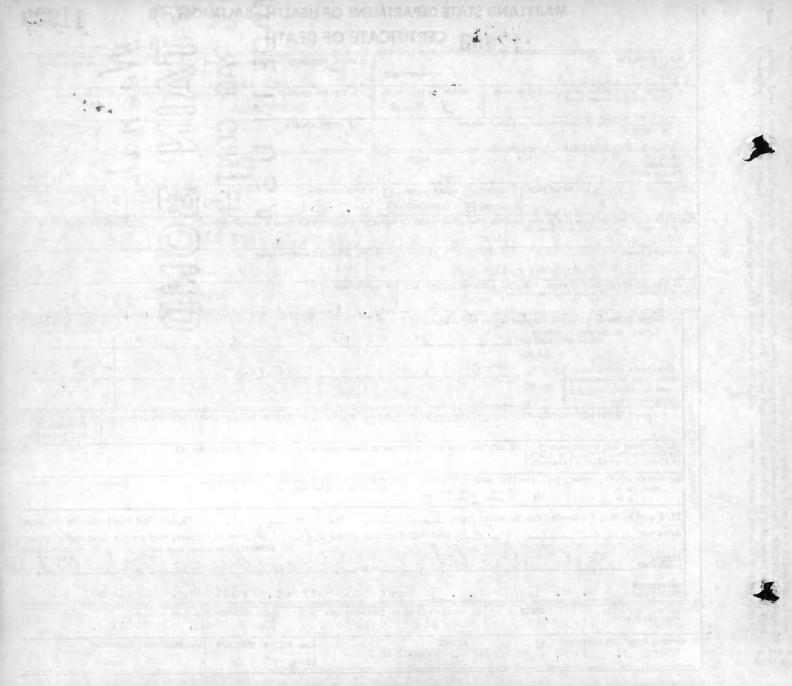
3. NAME OF DECEASED (Type or print) Mangaret Middle Altert DEATH 11 28	70
a. COUNTY CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (IV autside corporate limits, write RURAL and give nearest law RURAL and give nearest law and response limits, write RURAL and give nearest law and response limits,	
RURAL and give nearest fown) d. NAME OF HOSPITAL (If not in haspital, give street address). OR INSTITUTION 1. STREET ADDRESS OR INSTITUTION OR INSTITUTION OR INSTITUTION OF DECEASED (Type or print) O. COLOR OR RAGE O. MARRIED W. HEVER MARRIED D. B. DATE OF BIRTH WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work done) ON TEACH OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign spuntry). 12. CITIZEN OF WHAT OCCUPATION (Give kind of work done) OR INSTITUTION ON TO CUE ON TO CUE OF DECEASED OF DECEASE	issian)
3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RAGE WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED 100. USUAL OCCUPATION (Give kind of work done) 100. USUAL OCCUPATION (Give kind of work done) DIVORCED DIVORCED 11. BIRTHPLACE (Stote or foreign gountry) 12. CITIZEN OF WHAT 12. CITIZEN OF WHAT 13. NAME OF DEATH P. AGE (In yeors lef under 1 year) Month Day Month Day Hour 100. USUAL OCCUPATION (Give kind of work done)	mort.
Color or RAGE The Mark of	A FARM?
10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign gountry). 12. CITIZEN OF WHAT DIVINE STORY OF WHAT DIVINE STOR	Year 1958
during mast of working life, even if retired)	
13. FATHER'S NAME Hacuis Slean 14. MOTHER'S MAIDEN NAME Thargaret Holcies	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no or unhapsin) (It yes, give war or dates of service) The This Fractions General (454 Jay)	ettes
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), one (c).] PART I. DEATH WAS CAUSED BY:	D DEATH
IMMEDIATE CAUSE (a) LO aronary Scherosco	RKEY
Conditions, if any, which) (b) Pruggardial uesefficiency	7
gove rise to immediate couse (o), stoting the under-lying couse last. DUE TO Survey Arterior cleros is	>
	ORMED?
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur a. m. 19 While Not while at work at work.	(Stote)
21. I certify that I attended the deceased from 100:25, 1958 to 20:28, 1958 that I last saw the	e deceased
alive an 1000 28, 19 58, and that death occurred at 450 M, from the causes and an the date sta	ted abave.
ACTUAL SIGNATURE Jaceers & M. Learen. 49 Treers (Street, city or town, state)	ATE SIGNED
PHYSICIAN'S Dr. James E. McLean Cumberland, Md.	
22c. NAME OF CEMETERY OR CREMATORY Buria1 22b. Date Thereof Dec. 1, 1958 22c. NAME OF CEMETERY OR CREMATORY Lonaconing, Md.	ate)
23. FUNERAL DIRECTOR'S SIGNATURE Charles L. George, Cumberland, Md. ADDRESS DATORE 3 '58 246. REC'D BY REGISTRAR'S SIGNATURE Cirthur S. Frank	

5 4 400 19 10 1 PROPERTY OF THE PROPERTY OF THE PARTY OF THE 6 the fact of the first part of the province of the PLANTAGE CO. . Dot . Sept Turk of the S EDMIN . · St. , Tatality Color Inc. . The control of the

VS A15 (4) 15M 10/57

		120	03 CERT	IFIC	ATE OF [DEATH	1		Reg. D	ist. No.		
1. PLACE OF DEATH o. COUNTY	eany		MAR	YLAND	2. USUAL RESI	Vire		d lived. If instituti b. COUNTY	on: Reside	nce before	admis	sion)
b. CITY OR TOWN (If RURAL and give ne	autside corporate lim orest town)		c. LENGTH OF STAY		c. CITY OR	TOWN (IF		rate limits, write R	URAL ond	give near	3 X	-3
d. NAME OF HOSPIT. OR INSTITUTION Creat Mon		give street	oddress)		d. STREET A	ADDRESS				е	ON A	FARM?
3. NAME OF DECEASED (Type or print)	F.AUDA		Middle L.VDE		Los	st	4. DATE OF DEATH	Novembe	-	Doy		Year 19 58
5. SEX	White	WIDOWE	7	D	Judy 25	,1879		9. AGE (In years Jost birthday) yrs.		Days Days		
10a. USUAL OCCUPATIO	N (Give kind of work ing life, even if retired		kind of Business on Home	OR INDU			or foreign co			TIZEN OF	WHAT	COUNTRY
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	NAME	14-				
John	Montgomer	y Tho	mpson		Eliza	a Hig	ganbo	tham				
15. WAS DECEASED EVER (Yes. no. or unknown)	IN U. S. ARMED FOR	ervice)	SOCIAL SECURITY NO). 17.	INFORMANT	YY2.4		Great **	adow	s Fa	rms	
PART I. DEAI Conditions, if an gave rise to in couse (a), stating t lying cause last.	he <u>under-</u> DUE TO	b	terio	-S	clero ~ d	tu	ca	rdio		INTER	T AND	MEATH STATE
CAT	ER SIGNIFICANT CON								EN IN PAI		WAS PERFO	RMED?
	CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	CRIBE HOW INJURY O	CCURRE	D. (Enter nature a	f injury in (Part I ar Part	Il of item 18.)				
20c. TIME OF INJURY Hour a. m. p. m.	Manth, Day, Ye	While at work	Not while at work	20e. Pl	ACE OF INJURY (inclory, street, affice	Hame, form bldg., etc.	20f. (City	or town)		County)		(Stote)
21. I certify the alive on	at I attended the	decease , 195	8, and that		n accurred at	ro	ADDRESS ISI	reet, city or town,	ind on t	last sav	state	decease ed abave ATE SIGNE
NAME (Type) 220. BURIAL, CREMATION REMOYAL (Specify)			22c. NAME OF CEM	ETERY C			22d. LOCAT	ION (City, town, o	Mary or county)		(State	e)
23. FUNERAL DIRECTOR'S	11/10/58 SIGNATURE Hafer, Cu	mberl	Georgetov ADDRESS Land, Mary				D BY REGIST			GNATURE		



VS A15 (4) 1SM 10/S7

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11933

CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY MARYLAND MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maylon b. COUNTY ()
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
OF INSTITUTION OF INSTITUTION	/d. STREET ADDRESS 2 1.5 Decatur St. S. RESIDENCE ON A FARM? YES NO [7]
3. NAME OF DECEASED (Type or print) First Middle	Last 4. DATE Month Day Year OF DEATH 2005
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED TO DIVORCED DIVORCED	B. DATE OF BIRTH 9. AGE (In years lost birthday) Wonths Doys Hours Min.
Too. USUAL OCCUPATION (Give kind of work done of during most of working life, even if retired) The state of working life, even if retired of the state of working life, even if retired.	
Zackary T. Anderson.	14. MOTHER'S MAIDEN NAME Ellen Thresa Hill
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Sucred Heart Hosp
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: 1420. IMMEDIATE CAUSE (o) DUE TO	y occulseon Interval Between ONSET AND DEATH
Conditions, if ony, which gave rise to immediate couse (a), stating the under-lying cause lost. (b) DUE TO (c)	
S S S S S S S S S S S S S S S S S S S	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\subseteq NO \subseteq \)
20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER; NOTIFY MEDICAL EXAMINER)	RED. (Enter noture of injury in Part I or Part II af item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Los Form 19 While Not while of work at wark	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.)
21. I certify that I attended the deceased from 1200 200 alive an 1958, and that deat	th accurred at 1:45 A.M., from the causes and an the date stated above ADDRESS (Street, city or tawn, state) DATE SIGNEY
PHYSICIAN'S DO LES LEW LONG	M.D. 456 M. Centre St.
220. BURIAL, CREMATION, Part THEREOF PREMOVAL (Specify) 1/28/58 22c. NAME OF CEMETERY OF C	OR CREMATORY. 22d. LOCATION (City, town, or county) (State)
23. FUNEDAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

TE TOOK THE ENGLISH GOT AND TO STATE OF ME 5 * 14 H 43 - 34 L PRESENTED BY THE LABOUR IN

	MARYLAND	STATE DEPARTM	ENT OF HEALTH	-BALTIM	ORE, 18		
	11934	CERTIFICA	TE OF DEATH	1	Reg.	Dist. No. 1	931
1.	PLACE OF DEATH		2. USUAL RESIDENCE (Who			lence before	admission)
	Allegany	MARYLAND	o. STATE Maryl	and '	O. COUNTY	llegar	NV.
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside corporate lin	nits, write RURAL an		
	Cumberland	65 yrs.	Od Cumbe	rland			
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS			е.	IS RESIDENCE ON A FARM?
	106 Mullin Street		106 M	ullin S	treet		ES NO
3.	NAME OF First DECEASED	Middle	Lost	4. DATE OF	Month	Day	Year
	(Type or print) Naomi	W. Beave	er	DEATH	Nov.	8	1958
5. 5	6. COLOR OR RACE 7. MARK	HED NEVER MARRIED	B. DATE OF BIRTH	9. AG	E (In years IF UND birthday) Months		UNDER 24 HRS.
	Female White WIDOW	375		876 82	yrs.	B Doys H	lours Min.
10a	 USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) 	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stole	or foreign country)	12. (CITIZEN OF V	WHAT COUNTRY?
	Housewife	Own Home	Bedford	County	, Pa.	USA	
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	AME			
	John Smith		Eliza Ba	rnes			
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	FORMANT		Address	2.000	
	no	M	cs. Violet	Catanes	e, Cumber	·land,	Md.
	18. CAUSE OF DEATH [Enter only one couse per lin	ne for (a), (b), and (c).]	- ,			INTERV	AL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	seandele	. Chames	See	ele	014361	AND DEATH
	422,2 -DUETO						
	Conditions, if ony, which) (b) de	elecentle	V Ze	The Holy I			
	gave rise to immediate DUE TO	3					
N	lying cause lost. (c)						
Ö	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMIN	NAL DISEASE CON	DITION GIVEN IN P	ART 1(o) 19.	WAS AUTOPSY PERFORMED?
CAI							ES NO
RTIF	OR CONTRIBUTING [] CAUSE OF DEATH	CRIBE HOW INJURY OCCURRED	. (Enter noture of injury in P	ort I or Port II of i	tem 18.)		
T CE	(IF EITHER, NOTIFY MEDICAL EXAMINER)						
MEDICAL CERTIFICATION	20c. TIME OF INJURY Month, Doy, Year 20d. If Hour o. m. While	Not while 20e. PLA	CE OF INJURY (Hame, form, ory, street, office bldg., etc.)	20f. (City or tow	(n)	(County)	(State)
ME	p. m. 19 of world			1			
A	21. I certify that I attended the decease	ed fram 1953		\$ 1.58	_, 19,that	Llast saw	the deceased
		, and that death					
	1 1			ADDRESS (Street, ci			DATE SIGNED
	SIGNATURE AS A COLLEGE	100 M	49 Gree	ene St.		Nov.	10,1958
	PHYSICIAN'S						
	NAME (Type) Dr. L. B. Mat	hews	Cumber la	and, Mai	ryland		
220	BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OR		_	City, town, or county		(State)
	Burial Nov.11,1958		s Cemetery		rland, N	ld.	
	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D	BY REGISTRAR	24b. REGISTRAR'S	0 1	
	James F. Scarpelli,	Jumber Land, 1	Md - DATE NO	v 1 2 '58	Cirthung .	2. / ///	

VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11932

	المسي	1193	CER	TIFICA	ATE OF DEATH	1		Reg. Dis		.000
o. COU	OF DEATH NTY ALLEGANY		M	ARYLAND	2. USUAL RESIDENCE (Who o. STATE MARYLA		l lived. If institution b. COUNTY	GARRE		nission)
RURA	OR TOWN (If outside corporate and give nearest tawn) JMBERLAND	e limits, write	c. LENGTH OF S		c. CITY OR TOWN (IF o		rote limits, write RI	JRAL and g	ive nearest to	wn)
d. NAM OR II	NE OF HOSPITAL (If not in hosping hosping)	LAVEN			d. STREET ADDRESS				ON	RESIDENCE I A FARM?
3. NAME (DECEAS (Type or	OF BED r print)	First	Mi	ddle M •	Lost BEITZEL	4. DATE OF DEATH	NOVEM		Doy 26	Yeor 19 58.
5. SEX FEMA			RIED X NEVER MA	RCED	B. DATE OF BIRTH APRIL 13,		9. AGE (In years last birthdoy) 38 yrs.		Doys Hour	
H	L OCCUPATION (Give kind of a most of working life, even if re	work done 10b. etired)	- 11	MIE MIE	MARYLAND)	ountry)		S. A	AT COUNTRY
	ILAS BITTINGER				14. MOTHER'S MAIDEN N	IAME				
15. WAS D (Yes, no, or u	ECEASED EVER IN U. S. ARMED inknown) (If yes, give wor or do	PER of service)	SOCIAL SECURITY		NFORMANT MEMORIAL HOSPI	TAL	- CUMBER		MD.	
18. C	PART I. DEATH WAS CAUSED IMMEDIATE CAU	BY:	1 6	/	tricular Fa	ilure	2		INTERVAL ONSET AN	
gove	ditions, if ony, which	JE TO	tral S	teno	sus- Myoc	èrdi	s) fit	rosis	2	?
CATION	PART II. OTHER SIGNIFICANT PTETIE! CCIDENT WAS UNDERLYING [CONTRIBUTING CAUSE OF DE	Eml	bolus	- m		ILIA	c - Rt, F		PERI	S AUTOPSY FORMED?
(IF EITI	HER, NOTIFY MEDICAL EXAMIN	Year 20d. II	NJURY OCCURRED Not while k ot work	20e. Pt.	ACE OF INJURY (Home, form, story, street, office bldg., etc.	, 20f. (City	ar town)	(C	ounty)	(State)
21. I alive	certify that I attended on No 4 26	the decease 193	ed from No.		M.D. 50 PER	M, from	the causes a reet, city or town,	nd on th	e date sta	
22o. BURIA	L. CREMATION, 22b. DATE TH		22c. NAME OF	EMETERY O	C J M 13		ION (City, tawn, o	(county)	(SI	lote)
23 FUNER	DIRECTOR'S SIGNATURE	The t	ADDRESS	O. O.	24a. REC'D	BY REGISTI		TRAR'S SIG	NATURE	1110

VS A15 (4) 15M 10/57

MILERO MATERIAL STRUCTURE OF THE STRUCTURE OF STRUCTURE O 3 A 2

VS. A15ME 5M 2/57

MARYLAND	STATE	DEPARTMEN	NT OF	HEALTH-	-BALTIMORE,	18
MEDIC	AL EX	AMINER'S	CERT	IFICATE	OF DEATH	

	4004	0					Reg. Dis	t. No.
1. PLACE OF D	EATH 1201	U		2. USUAL RESIDENCE	Where decea	sed lived. If institut	lian: Residen	ce before admission)
a. COUNTT	Allega	any	MARYLAND	o. STATE Mary	land	b. COUNTY	Alle	gany
b. CITY OR T	OWN (It outside corporate limits, v	rrite RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f autside cor	porate limits, write		
	riganville		vears	X Corr	igany:	ille		
d. NAME OF	HOSPITAL OR INSTITUTION	(If not in ho		d. STREET ADDRESS	8			e. IS RESIDEN ON A FAR YES NO
3. NAME OF	esidence	First	Middle	1	4. DATE			
DECEASED (Type or prin	43			Last	OF DEATH	November		Doy Year
5. SEX	6. COLOR OR RAC	T-	BSTER BOO ED NEVER MARRIED B.			9. AGE (in years	IFUNDER 1	
Male	White	WIDOWE		June 13, 1	880	tost birthdoy) 78 yrs.		ays Hours Min.
100. USUAL OC during most of	CUPATION (Give kind of war of working life, even if retired	k dane 10b. ((IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State	ar foreign	country)	12. CITIZI	EN OF WHAT COUN
Retired		Pai	nter & Carpen	ter Bedford	Coun	ty, Penns	sylvar	ia USA
13. FATHER'S N	IAME			14. MOTHER'S MAIDEN	NAME			
	John R	Boo	r	Christia	na Si	liger		
IYes, no, or unknow	ASED EVER IN U. S. ARMED I		SOCIAL SECURITY NO. 17. IN	FORMANT		Address		
no			13-16-9334 M	rs. Matilda	Boor	, Corriga	nvill	e, Maryla
18. CAUSE	OF DEATH [Enter only one	ause per line	far (a), (b), and (c).]					INTERVAL BETWEEN ONSET AND DEATH
PARI	I. DEATH WAS CAUSED BY	(0)	Coronary Oc	alugion				Sudden
420	. /		COLOHALY OC	CIUSIVII				Sudden
Candition	s. if any, which)	(b)	Coronary Sc	lerosis				?
gave rise t	a immediate cause							
couse last	y the onderlying	(c)						
PART PART 200. EXTERI PRIMARY C CAUSE OF	II. OTHER SIGNIFICANT CO	NDITIONS CO	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART	1(a) 19. WAS AUTOP PERFORMED YES NO
20a. EXTERI	NAL CAUSE WAS OF CONTRIBUTING DEATH.	20b. DESCRIB	E HOW INJURY OCCURRED. (E	nter nature of injury in Pa	t I or Part II	of item 18.)		
		/eas 20d	INJURY OCCURRED 20e. PLAC	CE OF BUILDY AL C	001 101			
20c. TIME O Hour	a. m.	Whil		CE OF INJURY (Hame, formary, street, affice bldg., etc.	n. 20r. (Cit	y or town)	(Caun	ly) (Sta
21. I cer	tify that I took char	ge of the	remains described aba	ve, held an Autops	y 🗍 , I	nspection .	Inquiry	, and in
opinion	death resulted from:	Natural	causes K Accident [, Suicide ,	Hamicide	, Undeter	mined m	
ACTUAL SIGNATUR	Renedic	+ Sk	estarelie	M.D. CHIEF MEDICAL E	XAMINER [DATE SIGNED
1 2 2 2 2				ASSISTANT MEDIC	AL EXAMINE	R		10 -d
EXAMINER NAME (Typ		Skitar	elic	DEPUTY MEDICAL	EXAMINER [a nov	.13	, 1958
REMOVAL			22c. NAME OF CEMETERY OR			TION (City, town, a	2.3	(State)
Burla	RECTOR'S SIGNATURE	er 14,	1958 Centerv	ille Meth.		erville,		sylvania
	. Hafer, Fun	mal D			D BY REGIST		TRAR'S SIGN	
JOHN J	· marer, rum	SICIL	TIECTOI	4YOA .	7 '58	arthur	8. Kras	4

VS A15 (4) 15M 9/55 60

MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18
44000					

		,				
1	1	03%	See 1.3	CERTIFICATE	OF	DEATH
8	4	24V	. 8	CEKINICAIL		PLAII

Reg. Dist. No. 11934

	ACE OF DEATH COUNTY AL	LEGANY			MARYLAND	2. USUAL RE	SIDENCE (WH	ere deceased GINIA	lived. If instituti b. COUNTY	on: Resider	nce before	e odmiss	ion)
ь.	RURAL and give ne	f outside corporate limi sorest town) .RLAND	ts, write	c. LENGTH OF	DAYS	c. CITY O	KEYS		te limits, write f	-	give near	rest fowr) . , . V
d.		MEMORTALIOH & WARWICK	OSPT1		01110	d. STREET ARN		G STREE	T EXTEN				IDENCE FARM?
DE	AME OF CEASED (pe or print)	Fir	st		Middle	BORF	ost ROR	4. DATE OF DEATH	NOVE		Day 29		Yeor 1958
5. SE	X MALE	6. COLOR OR RACE WHITE	- om om - :	NEVER /	MARRIED	B. DATE OF BIE	тн	9	AGE (In years lost birthday) 72 yrs.	IF UNDER	Doys Doys		R 24 HRS. Min.
100.1	USUAL OCCUPATION during most of work Auction	N (Give kind of work king life, even if retired	done 10b.	KIND OF BUSIN	ESS OR INDU	STRY 11. BIRTH	PLACE (State W. VA		ntry)		TIZEN OF		COUNTRY
13. FA	THER'S NAME		115			14. MOTHER	'S MAIDEN N	NAME					
	RAL	EIGH BORRO	R			HEN	RIETTA	4 YANKE	E				
		R IN U. S. ARMED FOR	aminat I			INFORMANT			Add	ress			
1	No		2.	32-54-4	323	MEMORI	AL HOS	SPITAL,	CUMBER	LAND,	MD.		
	Conditions, if o gove rise to it cause (a), stating lying couse lost.	mmediate (, C	in hai	0	liver	hyel	VAL	CONDITION GI	/FN IN PAG	L	5 m	DEATH
CERTIFICATION				CRIBE HOW INJ								PERFO	NO
CE CE	OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)											
MEDICAL	Oc. TIME OF INJUR Hour a.m. p. m.	Y Month, Day, Ye	20d. II While at war	NJURY OCCURRI Not while k ot work		ACE OF INJURY			or town)	(County)		(Stote)
220.	ACTUAL IGNATURE PHYSICIAN'S NAME (Type) BURIAL, CREMATIO REMOVAL (Specify)	CARLTON BR	19- 19- 10- 10- 10- 10- 10-	SELD and	F CEMETERY C		8, 10 1/1 19:35 / 2 Ba	A.M., from ADDRESS (Streetling)	the causes of the cause of	and an t		e state	ATE SIGNED
E	JNERAL DIRECTOR	0 2000	1	ADDRESS	1	1/	24o. REC'	D BY REGISTR		STRAR'S SI	GNATUR	E	
1 6	Went	n. Xolin	h	Ken	ses ho	viVa.	DATE E)FC 3 "	58 (Irthung.	8. Tho	us.	

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au	ild be detached far use as the burial-transit permit. Then please remove carbon papers. Page 12 should		
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KE	pe	prior to burial, cremation, ar remaval, and in any event within 12 hours after death.	
5	P	à.	

	11937	CERTIFICA	AIE OF DEAI	Н		Reg. Dist. i	No.
1. PLACE OF DEATH o. COUNTY ALLE	EGANY COUNTY	MARYLAND	2. USUAL RESIDENCE (Va. STATE MARY)		lived. If institution b. COUNTY	ALLEG	
RURAL and give in CUME	BERLAND,	c. LENGTH OF STAY IN 16 4 DAYS	c. CITY OR TOWN (I	f outside corpord ERLAND	ote limits, write RI	URAL and give	nearest town)
d. NAME OF HOSPIT OR INSTITUTION	MEMORIAL AVE	S.	d. STREET ADDRESS ALLE	GANY COL	INTY INF	RMARY	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	EMMA	Middle	BOWMAN	4. DATE OF DEATH	Mon NO	** VEMBER	3 1958
5. SEX FEMALE	6. COLOR OR RACE 7. MARE WIDOW		B. DATE OF BIRTH	5	P. AGE (In years lost birthdoy) 67 yrs.	Months Do	EAR IF UNDER 24 HRS.
during most of worl	ON (Give kind of work done 10b. king life, even if retired)	KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (SIO		untry)		N OF WHAT COUNTRY
13. FATHER'S NAME JACOB.	BEEGHLEY		14. MOTHER'S MAIDEN	INE SPET	CHER		
	R IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	MEMORIAL HOS		Addi		ARYLAND
Conditions, if o gove rise to i couse (o), stoting lying cause lost.	mmediate (DUSTO	contributing to DEATH BU	a jos huleny T NOT RELATED TO THE TER	MINAL DISEASE	CONDITION GIV		DNSET AND DEATH
PART II. OTH	AS UNDERLYING 20b. DES B CAUSE OF DEATH MEDICAL EXAMINER	CRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury i	in Port for Port	V of item 18.)		PERFORMED? YES NO
YOUR HOUR OF INJUR	RY Month, Doy, Year 20d. II While		LACE OF INJURY (Home, fa octory, street, office bldg., a		or town)	(Cour	nty) (State)
alive an	nat I attended the deceas No. 19 Cuche Brunes DOCTOR CARLTON	and that death	19 , 10 h accurred at 4:45 h			nd an the	t saw the deceased date stated abave DATE SIGNES
REMOVAL (Specify) Burial	11/6/58	Church Of B	rethern	Acci			(Stote) Md.
Beula H. Mon	Hafe:	r Funeral Ho Main, Frosth		C'D BY REGISTR		Thung S. 1	inus.

THE SECOND PROPERTY OF CAN INTEREST EN A MENTANCE BUSINESS CONTRACTOR MARKETE Therefore THE EXPENSE OF THE PROPERTY OF THE SECOND CONTRACTOR OF THE S Advantage of the second The state of the s

VS A1S (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12004 CERTIFICATE OF DEATH

Reg. Dist. No.

					Keg. L	JIST. NO.	
1. PLACE OF DEATH o. COUNTY	Allegany	MARYLAND	2. USUAL RESIDENCE (WE o. STATE Md.		1 66444444 4 -	ence before admission) Legany	
b. CITY OR TOWN RURAL ond give Frostb	N (If outside corporate limits, write e nearest town)	c. LENGTH OF STAY IN 16 Lifetime	c. CITY OR TOWN (IF of Prost)		imits, write RURAL one	d give nearest town)	
d. NAME OF HOS OR INSTITUTIO 21 Fir		t oddress)	d. STREET ADDRESS 21 Fin	rst St.		e. IS RESIDEN ON A FAR YES \(\square\) NO	RM?
3. NAME OF DECEASED (Type or print)	Nellie	Middle	Brode	4. DATE OF DEATH	Month Novemve	Day Yeor	
s. sex	W WIDOV		8. DATE OF BIRTH 8/9/1889	las	69 yrs. Months	Days Hours	HRS.
during most of w Examine 13. FATHER'S NAME	TION (Give kind of work done 10th orking life, even if retired) ar (Retired) Sh	kind of Business or Indu	Consolid	dation V) 12. C	U.S.A.	UNTRY
John H.			Eleanor				
(Yes, no. or unknown)	None	12-01-9642 _{Mr}	Benjamin	Lewis.	Address F ₁	rostburg,	Md.
420.1	DEATH [Enter only one couse per DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	ling for (a). (b). ond (c).]	occlu	sion		INTERVAL BETWEE	EN
Conditions, if gove rise to couse (o), stotic lying couse los	immediate and the under. DUE TO (c)	bronic,	myses	ndit	e i	4-5 gr	S
3	OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE CON	ADITION GIVEN IN PA	RT 1(0) 19. WAS AUTO PERFORME YES NO	D?
U (IF EITHER, NOTI	WAS UNDERLYING 20b. DE NG CAUSE OF DEATH FY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in I	Port I or Part II of	item 18.)		
20c. TIME OF INJ Hour o. m	n. Ne While		ACE OF INJURY (Home, form ctory, street, office bldg., etc.	. 20f. (City or to	wn)	(County) (S	State)
21. I certify alive an	that I attended the decea 1/-22 19	sed from 1/-20		1/-22 1M, from the ADDRESS (Street, o	causes and on	last saw the dec	abave
PHYSICIAN'S NAME (Type) 7	H.C.Diet	ZL, M.D.	Free	+ bu	g, Ind		
220. BURIAL, CREMAT REMOVAL (Specif Burial		Prostburg M	R CREMATORY Lemorial Par		Cy, town, or county)	(Stote)	
Berelah H.	North 1 Hafe:	r Furreral Ho		D BY REGISTRAR	24b. REGISTRAR'S S	IGNATURE	

NEW ROLL (AND HISTORY) Kings Howard & Comment of the Comment of the Comment

17	L			AND STAT	TE DEPARTM	ENT OF	HEALT	H-BAI	LTIMORE,	18	
-6	Lt	em 20 Fi	lm 236 1 ME	DICALªE	XAMINER	S CERTI	FICAT	TE OF	DEATH		11937
FOR STATE			120	4						Reg. Dist.	
TEALIN DEFT.	1.	PLACE OF DEATH				2. USUAL RE			ed lived. If institute b. COUNT		before odinission)
E : G		Alleg	any		MARYLAND		Peni			rayet	
に連出て		b. CITY OR TOWN and give nearest to	(If autside corporate limits, write vn)	RURAL C. LE	NGTH OF STAY IN 16	c. CITY O	R TOWN (If	outside car	porate limits, write	RURAL ond giv	re neorest tawn)
your of of	_		Cumberland		veral hou			Farmi	ngton	15	X - 3
وقر وأ			ITAL OR INSTITUTION (II			d. STREET	ADDRESS				e. IS RESIDENCE ON A FARM?
ed of			east of Ci								YES NO
.5	3.	NAME OF DECEASED	Firs		Middle	lo TID	st	4. DATE OF	Mon		Doy Yeor
the Ter		(Type ar print) SEX	HARRY	7	BRYN			DEATH	Novemb	-	1956 EAR IF UNDER 24 HRS.
S to	3.		The state of the state of	- COV - TO	NEVER MARRIED	- 7 1	200		last birthday)	Months Day	
5 m 2 m 2 m	10	Male	White	WIDOWED [DIVORCED	Jan. 14		3	25 yrs.		N OF WHAT COUNTRY
25.0	110	during mast of wark	ing life, even if retired)			JIKI II, BIKIME			duntry	12. CHIZER	
	- James	Laborer		Но	using	124 4407450		nna			USA
Wages Mages	/ 13	. FATHER'S NAME				14. MOTHER'S			ogalon		
E e L	15	OKe2	VER IN U. S. ARMED FOR	CESS 14 SOCIA	L SECURITY NO. 117.	INFORMANT	Mam.	re II.	essler		
Giv.		n. no, or unknown)	(If yes, give war or dates of s	ervice)			E1110	omol			TOWN Do
0 F E C	=	NO	A 2011	205		leason	I Full	eral	поше	Union	INTERVAL BETWEEN
nd per			ATH [Enter only one cause ATH WAS CAUSED BY:	· ·		00	+	13.	1	1	ONSET AND DEATH
The		02 5	IMMEDIATE CAUSE (0)		rushed	Ches	Ly !	Stok	en ne	CR	sudden
ffice trong	V	020	DUE TO								
re de la company		Canditions, if	ediote couse								
in per		(a), stating the	underlying DUE TO								
o so	2		THER SIGNIFICANT CON	DITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO	O THE TERM	INAL DISEAS	E CONDITION GI	VEN IN PART 16	ol 19. WAS AUTOPSY
a de maria	2 8										PERFORMED?
0 0 0	CERTIFICATION	200. EXTERNAL C	AUSE WAS 20	DESCRIBE HOW	/ INJURY OCCURRED.	(Enter noture of i	injury in Per	t I or Port II	of item 18.)		1.00
Me Me	CERT	PRIMARY ar CO	ONTRIBUTING []		under ups					ding to	o history
be e	3	20c. TIME OF INJ	URY Month, Doy, Yea	20d. INJUR	OCCURRED 20e. PL	ACE OF INJURY	(Home, form	n. 120f. (City	or lawn)	(County	(State)
40%	/ EDIC	Haur Gar	MMT. 14 195	While W	THO WHITE	Street, office	e bldg., etc.	PD	Cum	horlan	el und
the the prior	/ ≥	21 Leartifu	that I toak charge	-			n Autons	v 🗆 1	0	0.00	
D 22 2			h resulted fram: 1						II. Undet		
Toge gen		opinian dean	n resurred fram: 1	adioral course	s [], Accident	M, Soicie	be L.	riumicide	L_, Uliger	erminea ma	nner L
REC ed e	-	ACTUAL /	3	A. X6	etarelie	CHIEF	MEDICAL EX	XAMINER [DATE SIGNED
no de la certa de		SIGNATURE_A	Sineace	x xxx	ou cece			AL EXAMINE			
the esign	2	EXAMINER'S NAME (Type)	Benedict	Skitare	lic			EXAMINER T	71	1- 14	1958
2 2 2 2	22	o. BURIAL, CREMAT	ION. 226. DATE THEREO		NAME OF CEMETERY C				TION (City, town,	or county)	(Stote)
4 4 0 0		REMOVAL (Special	y) 37 3 C		lle Grov		erv		iopyle		
2	23	. FUNERAL DIRECTO	OR'S SIGNATURE		ADDRESS	o o cme t		D BY REGIST	the state of the s	ISTRAR'S SIGNA	ATURE
5. A1SME 5M 2/57		Harold	S. Gleas	on U	Iniontown	, Pa.	JARV 1	7 '58	arth	17 S. Krau	A
2101											

STORY THE man and THE AMERICAN PROPERTY OF THE P The company of the second seco deroid to Tiescon - Unionthing 20. The

12018 **CERTIFICATE OF DEATH**

Reg. Dist. No.

)	1. PLACE OF DEATH o. COUNTY	Allegany	MARYLAND	a. STATE	NCE (Where deceased aryland	lived. If instituti b. COUNTY		e before admission)
	RURAL and give ne	outside corporate limits, write prest town) umberland.	c. LENGTH OF STAY IN 16	1	WN (If outside corpor 6 Cumber:		URAL and gi	ve nearest tawn)
0	d. NAME OF HOSPITA OR INSTITUTION Cresap Dr	ive, Bowling		d. STREET AD	Drive, Boy	wling Gr	eene	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	First LESTER	Middle	CAMERON	4. DATE OF DEATH	Novem		Day Year 5, 19 58
	5. SEX Male	White WIDOV		B. DATE OF BIRTH Mar. 27	1918	9. AGE (In years last birthday) 40 yrs.		YEAR IF UNDER 24 IHRS. Days Hours Min.
1	Quality con: 13. FATHER'S NAME	ng life, even if refired)	elanese Corp.	17211111	coning, Md.			S. A.
1	Jame	s Cameron			Willa M. I	Wiland		
	(Yes, no or unknown)	f yes, give war or dates of service]		nformant rs. Sara l	4. Cameron	Rt. # 6		rland, Md.
	PART I. DEAT	TH [Enter only one cause per H WAS CAUSED BY: IMMEDIATE CAUSE (o)	line for (o), (b), and (c).} Coronary Occlu	sion•				onset and death one day.
	Conditions, if an gave rise to im couse (a), stoting the	imediate (Coronary Heart	Disease.				Six years.
)	CATI	er significant conditions none	CONTRIBUTING TO DEATH BUT	NOT RELATED TO T	HE TERMINAL DISEASE	CONDITION GIV	EN IN PART	1(a) 19. WAS AUTOPSY- PERFORMED? YES NO
	20a. ACCIDENT WAS OR CONTRIBUTING	UNDERLYING 20b. DE CAUSE OF DEATH AEDICAL EXAMINER)	scribe how injury occurre none	D. (Enter nature of i	njury in Part I ar Part	II of item 1B.)		
	20c. TIME OF INJURY Hour o. m. p. m.	While		ctory, street, office b				ounty) (State)
	actual signature	mber 5. 19	eran ma	M.D. 140	12:55AM, from	the causes of th	ind an the	ist saw the deceased date stated above DATE SIGNET
	220. BURIAL, CREMATION REMOVAL (Specify) Durial	1, 22b. DATE THEREOF	22c. NAME OF CEMETERY C			ON (City, tawn, o	" " "	(State)
	23. FUNERAL DIRECTOR'S	SIGNATURE	Sunset Memor	2	40. REC'D BY REGISTR	0	strar's sign	NATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. may be retained to FUNERAL DIRECT VS A15 (4) 15M 10/57

may be retained by the haspital ar attending physician.

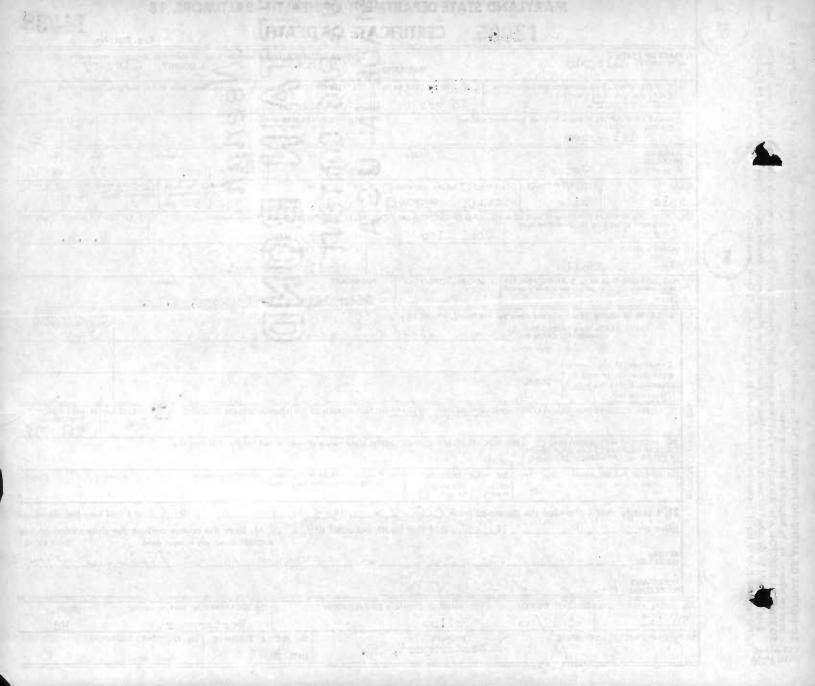
• FUNECAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled has by the funeral page.

• Page Lould be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 A 2 shauld be the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs after death.

PARTY OF THE PARTY The soul days 's an entered for a section of the set for the willing correspond to the bulletine very. See Small Co. S. salita and produced the statement of the control of the co The second of th THE RESERVE OF THE PROPERTY OF particular, in the first of the second to th office to morne without and the

	MARYLAND STA	TE DEPARTMENT	OF HEALTH—BALTIMORE,	18
M)	12005	CERTIFICATE	OF DEATH	D

14004				Reg.	Dist. No.	
1. PLACE OF DEATH o. COUNTY Allegany	MARYLAND	2. USUAL RESIDENCE (When	re deceased lived.	If institution: Resi	dence befor	re admission)
RURAL and give nearest town)	yrs	c. CITY OR TOWN (If our	side corporate lin	nits, write RURAL o	nd give nec	grest fown)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 111 Green		d. STREET ADDRESS	1			e. IS RESIDENCE ON A FARM
3. NAME OF First DECEASED (Type or print) James	Middle Oa	lost ampbell	4. DATE OF DEATH N	Month OV.	Do	y Year
6. COLOR OR RACE 7. MARRIED NE Male White WIDOWED 3	VER MARRIED 8.	DATE OF BIRTH May 14, 1870	9. AG	E (In years IF UNE birthday) Month		IF UNDER 24 H
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter Coal m		RY 11. BIRTHPLACE (Stole of Maryland	foreign country)	12.		S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME			
James Campbell		Emily From	nhart			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes, give wor or dates of service) 10. SOCIAL SE		formant den Campbell-	-Piedmon	Address t. W. Va.		
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.			hermot		3	Year
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER!	NG TO DEATH BUT N	IOT RELATED TO THE TERMIN	AL DISEASE CON	DITION GIVEN IN F	PART 1(a) 1	PERFORMED?
	INJURY OCCURRED.	(Enter nature of injury in Pa	rt i or Part II of i	tem 18.)		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCC Hour a. m. While Nat was p. m. 19 at work at work at was	vhile facto	CE OF INJURY (Home, farm, ory, street, affice bldg., etc.)	20f. (City or tow	rn)	(County)	(Sto
ACTUAL SIGNATURE SCIENCE PHYSICIAN'S D. 10 14 16 14		, 1958, to No. accurred at 4:35/A At .b				
22g. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAN	AE OF CEMETERY OR	CREMATORY 2		Lity, town, ar count	у)	(State)
				nport 24b. REGISTRAR'S		Md
23. FUNERAL DIRECTOR'S SIGNATURE / ADDR		24a, REC'D				



ARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18

(County)

(Stote)

12006 CERTIFICATE OF DEATH Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND legany Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) davs Frostburg Eckhart d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? YES NO K liner's Hospital NAME OF First Middle Lost 4. DATE Month Yeor Day DEATH (Type or print) Edward Carter 19 Vovember 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Male White WIDOWED | DIVORCED [YES 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Ret.Conductor W.Md.Railwav Virginia USA 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Levi Carter Frances Hamil IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs.Sarah L. Carter . Eckhart. Md. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL RETWEEN ONSET AND DEATH DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (a), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED Hour a.m factory, street, office bldg., etc.) While Not while of work at work

p. m 21. I certify that I attended the deceased from 1912 that I last saw the deceased , and that death occurred at 9715 A. M., fram the causes and an the date stated above alive an

ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type)

22b. DATE THEREOF 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Eckhart Eckhart Cemeterv

23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Joseph Frostburg, Md. Durst 0 '58 Orthun & Traus DATE OV 1

VS A15 (4) 1SM 10/57

F

VS A15 (4) 15M 9/S5

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

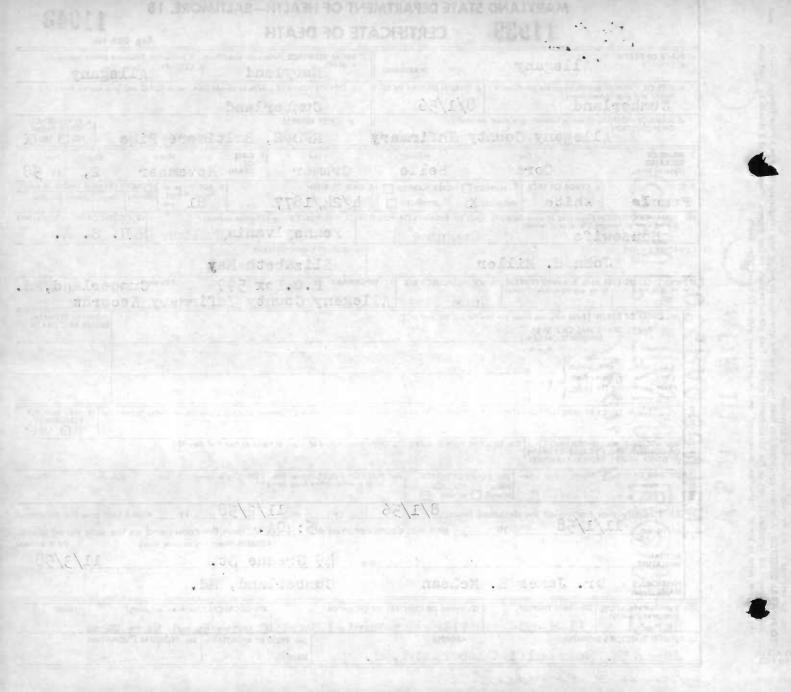
11938, **CERTIFICATE OF DEATH**

Reg. Dist. No.

. PLACE OF DEATH o. COUNTY	Allegany	MARYLAND	2. USUAL RESIDENCE (W	here deceased lived. If institution Land b. COUNTY		
RURAL and give no	f outside carporate limits, write carest tawn) rland	10/18/58	4	outside corporate limits, write RU erland	JRAL and give neare	st tawn)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, give street Allegany Cou		Rt.5, Bo	ox 56B, Potoma	oo Donk	e. IS RESIDENCE ON A FARM? YES NO Day, Year 12, 1958 PER I YEAR IF UNDER 24 HRS. IS Days Hours Min. CITIZEN OF WHAT COUNTRY? U. S. A. INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH (County) (State) I last saw the deceased the date stated abave. DATE SIGNED 11/12/58
NAME OF DECEASED (Type or print)	Ruth	Middle Christina	Combs	4. DATE Mont		
Female	6. COLOR OR RACE 7. MAR WIDOW		B. DATE OF BIRTH 1/11/1905	9. AGE (In years lost birthday) 53 yrs.		
00. USUAL OCCUPATION during most of work Textile wo	ON (Give kind of work dane 10b king life, even if retired)	. KIND OF BUSINESS OR INDU Celanese Corp.	West Vi			
3. FATHER'S NAME	dward Hanlin		14. MOTHER'S MAIDEN I	Simmons		
	(If yes, give war or dates of service)		NFORMANT P.O.B.	ox 599 Addrunty Infirmat		
	ATH (Enter only one cause per I TH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) DUE TO ny, which) (b)	Chron	in mery	orgestion		
gave rise to i couse (a), stating lying cause last.	the <u>under-</u> DUE TO (c)	Caremon	ra uterte	o The tasta	2060	24,40,
PART II. OTH	101	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVE		PERFORMED?
	AS UNDERLYING (1) 20b. DE CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Part II of item 18.)		
20c. TIME OF INJUR Hour a. m. p. m.	While		ACE OF INJURY (Home, formattory, street, office bldg., etc.	n, 20f. (City ar town)	(County)	(State)
21. I certify the alive an 11.	at I attended the decea /12/58 , 19	The state of the s	1.000	1/12/58, 19 OM, fram the causes a ADDRESS (Street, city ar town, seene St.	ind an the date	stated abave.
PHYSICIAN'S NAME (Type)	Dr. James I	E. McLean	Cumbe	rland, Md.		
20. BURIAL, CREMATIO REMOVAL (Specify) BULL 21		20c. NAME OF CEMETERY OF Hill crest B		22d. LOCATION (City, town, o	, ,	(State)
3. FUNERAL DIRECTOR		ADDRESS rland, Maryland		1 = 100	STRAR'S SIGNATURE	
PHYSICIAN'S NAME (Type) 120. BURIAL, CREMATIO REMOYAL (Specify) BUT1 21 3. FUNERAL DIRECTOR'	N, 22b. DATE THEREOF 11/14/58 S SIGNATURE	E. McLean 22c. NAME OF CEMETERY C Hill crest B ADDRESS	Cumbe Cumbe R CREMATORY Urial Park 240. REC	eene St. rland, Md. 22d. LOCATION (City, town, o Cumberland, Mc D BY REGISTRAR 24b. REGIS	or county) d. STRAR'S SIGNATUR]

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CHARLES WAR TO THE THE TOTAL PROPERTY OF THE THE TANK OF THE THE TANK OF THE THE TANK OF T
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MANUAL CO. A. C. Server Coll. C.
comments and a state of the second of the se
The state of the s
dunt transfer of the second

*



The life of the party of the same of the E AND A STREET AND in the second of the second

White 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IN

Henry

IMMEDIATE CAUSE (0)

18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).

DUE TO

DUE TO

Day, Year

21. I certify that I attended the deceased from

Brings

Dec

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH

during most of working life, even if retired)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

Male

Blacksmith 13. FATHER'S NAME

Patrick

Conditions, if any, which gave rise to immediate

cause (o), stating the underlying couse lost

20c. TIME OF INJURY Month,

p. m.

Hour a.m.

ACTUAL

PHYSICIAN'S NAME (Type)

REMOVAL (Specify) Ruria1

23. FUNERAL DIRECTOR'S SIGNATURE

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

22a. BURIAL, CREMATION, 22b. DATE THEREOF

140.1

CERTIFICATION 0

MEDICAL

DIVORCED [

Coal Mines

16. SOCIAL SECURITY NO

20b. DESCRIBE HOW INJURY OCCU

Not while

20e

22c. NAME OF CEMETERY OR CREMATORY

Ambrose Cenetery

and that de

20d. INJURY OCCURRED

of work of work

While

Charles L. George, Cumberland, Maryland

None

(State)

Maryland

24b. REGISTRAR'S SIGNATURE arthur S. Kraus

C	ATE OF DEATH	1			Reg. D	ist. No		344
D	2. USUAL RESIDENCE (Who o. STATE Mary):			nstitutio	on: Reside		ore admi	ssion)
Ь	c. CITY OR TOWN (IF o			write R	JRAL ond	give no	earest tov	rn)
	d. STREET ADDRESS						ON	SIDENCE A FARM? NO
	losi Cuff	4. DATE OF DEATH	Nor	Mon /emi		30	ay	Yeor 1958
ו	8. DATE OF BIRTH Mar. 17. 187	1	9. AGE (In lost birth 87	years idoy) yrs.	Months Months	R 1 YEA Doys	Hours	Min.
IDU	STRY 11. BIRTHPLACE (Stole Franklin	Mar			12. C	U.S		T COUNTRY
7. 1	Bridget R	iorda		Adde		ы		1
-1	Mrs Dale Broa	lowalte	r, ure	asar	town	INI		ETWEEN D DEATH
	florer Jo	ק					GAL	mthe,
	NOT RELATED TO THE TERMI				EN IN PA	RT 1(a)	PERF	ORMED?
	D. (Enter nature of injury in P			18.)				
PL. fo	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.	, 20f. (City)	or town)			(County		(State)
Z ath	occurred at 530 P	_M, from		ses a	nd an		ate stat	e decease led above PATE SIGNE
	57 Green	e St,	Cumbe	rla	nd, l	lary	1and	

22d. LOCATION (City, town, or county)

Cresantown

4 '58

24g. REC'D BY REGISTRAR

DATE DEC

TO HOSPITAL 0 VS A15 (4) 15M 10/57

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within 24 haurs

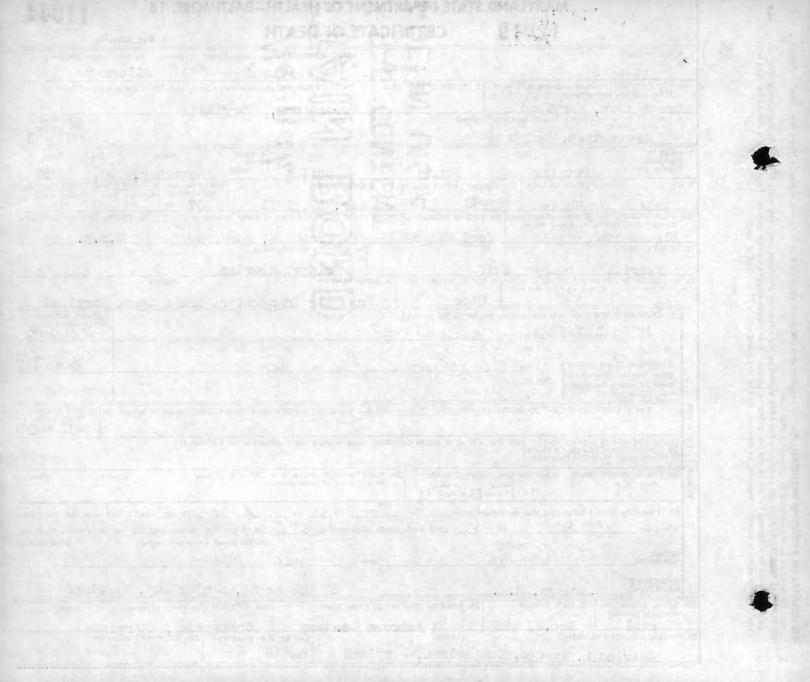
death certificate

physician

attending

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burial



CERTIFICATE OF DEATH 11941 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where decrosed_lived. If institution: Residence definition) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN III guiside corporate limits, write c. CITY OR TOWN (It outside corporate limits, write RURAL and a C. LENGTH OF STAY IN 16 d. NAME OF HOSPITAL (If not in bospital, give street Address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Z 3. NAME OF First Middle DECEASED (Type or print) COLOR OR MACE IF UNDER I YEAR IF UNDER 24 HRS ARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Months Doys Hours WIDOWED I DIVORCED T USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, exen if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] TERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary Heart IMMEDIATE CAUSE (o) vears DUE TO Conditions, if any, which (b) gove rise to immediate DUE TO couse (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO TE 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, Doy, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) Hour o. m. foctory, street, office bldg., etc.) Not while While of work of work 19.58, to_ 21. I certify that I attended the deceased fram. 7 = 7..., 19.58, that I last saw the deceased alive on 11-7 and that death accurred at 11:30 M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S

NAME (Type) BURIAL, CREMATION.

MOVAL (Specif

Ralph W. Ballin Cumberland, Md.

22d. LOCATION ICITY. (Stote) 24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

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23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

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neral director,	d be filed with	7	No.
d in by the fu	ind 2 shoul)	
DEVERAL DIRECTOR: After this certificate has been signed by the aftending physician and campletely will be the funeral director.	hould be detached for use as the burial-transit permit. Then please remave carban papers. Page and 2 should be filed with	fer death.	I
attending physiciar	n please remave ca	the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death.	
een signed by the	ansit permit. The	, and in any event	
is certificate has b	use as the burial-to	notion, or remova	
IRECTOR: After th	be detached for	rior to burial, cres	
DENYERAL DI	pag hauld	the registrar p	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11946 CERTIFICATE OF DEATH 11942 Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) . PLACE OF DEATH o. COUNTY b. COUNTY MARYLAND Penna. Alleghemy ALLEGANY b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town). RURAL and give nearest town) Pittsburg CUMBERLAND II DAYS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSEMORIAL HOSPITAL 300 Sol Negley Ave. YES NO TY NAME OF Middle 4. DATE First Lost Month Yeor Day NOVEMBER DARKEY CHARLES CARROLL DEATH (Type or print) 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IP UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 9. AGE (In years lost biethdoy) Months Days Hours WHITE JUNE 10. 1892 MALE WIDOWED [DIVORCED T yrs. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Civil engineer Construction OLDTOWN, MARYLAND U.S.A. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME LANEY M. SHRYOCK FRANCIS DARKEY 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO. WARWICK & MEMORIAL AVE.. 206-07-6792 MEMORIAL HOSPITAL - CUMBERLAND. MD. INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH [Enter only one cause per line fee. (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underagg lying cause lost. CATION PART IL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO M 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stole) factory, street, office bldg., etc.) Hour o.m. While Not while of work at work 21. I certify that I attended the deceased fram. . 19.52 that I last saw the deceased and that death accurred at 2:40 A.M. from the causes and an the date stated above. alive on ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S DR. W. F. WILLIAMS NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Cumber land Hillcrest Burial Park Maryland 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR Charles L. George Cumberland, Md. DATE OV 1 0 '58

VS A15 (4)

HIS COUNTY OF THE PARTY OF THE Bull Do, Steel Fee Life. 4 325 101 215 . . . SOOYSELD IN TEMAL AND THE RESERVE OF THE PARTY OF THE WELL WARRED - CONTRACTOR IN THE 201 - 1 - 02 and the result of the first property and the second section of the section of the second section of the section of the second section of the sectio COMPLETE STATE OF THE STATE OF

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VS A1S (4) 15M 9/S5 PAR S

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11947

1943	CERTIFICATE	OF DEATH

Reg. Dist. No.

								Keg. Dist.	. No.
1. PLACE OF DEATH		1			USUAL RESIDENCE (Who. STATE	ere deceased	b. COUNTY	on: Residence	before admission)
ALLE	EGANY		MARYLANI	D	MARYLAND)	B. COUNTY	ALLEG	ANY
b. CITY OR TOWN (I RURAL and give no	If outside corporate limi	ts, write	c. LENGTH OF STAY IN 1	Ь	c. CITY OR TOWN (If o	utside corpo	rote limits, write R	URAL and giv	re nearest town)
CUMBERI			6 DAYS	10	2 CUMBERI	_A ND			
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, g	ive street	oddress)		d. STREET ADDRESS				IS RESIDENCE ON A FARM?
MEMORI	IAL HOSPITA	L			622 BR	DOKFIE	LD AVENU	E	YES NO NO
3. NAME OF DECEASED	Fir	st	Middle		Lost	4. DATE OF	Mor	th	Day Yeor
(Type or print)	GE	ORGE	P	D/	VIS	DEATH	NOV	EMBER	6 19 58
5. SEX	6. COLOR OR RACE	7. MARR	NEVER MARRIED	3 B. C	ATE OF BIRTH		9. AGE (In years lost birthday)		YEAR IF UNDER 24 HRS.
MALE	WHITE	WIDOWE	ED DIVORCED		MAY 19,	1000	72 yrs.	Monins	Pays Hours Min.
10a. USUAL OCCUPATIO	ON (Give kind of work king life) even if the tited	done 10b.	KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (Stote	or foreign co	ountry)	12. CITIZ	EN OF WHAT COUNTRY
retired V.	rehardist		self.		MARYLAN	VD.			U.S.A.
13. FATHER'S NAME		381		1	4. MOTHER'S MAIDEN N	AME			
THOMAS F	P. DAVIS				MARY E.	HERPI	CH		
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17	. INFO	RMANT	W	ARWICK Add	MEMOR	IAL AVE
70			Mone.	MEM(RIAL HOSPIT	AL -	CUMBERLA	ND, MD	• AVG
18. CAUSE OF DEA	ATH [Enter only one co	use per lin	ne for (a), (b), and (c).]						INTERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	, w	Remia						D. Western
1411 :	DUE TO		٨	,					-+
Conditions, if o	ny, which) (b	, at	exec-scler	ste	e Cardio	vasc	work	201 C	1 years
gave rise to i couse (a), stating	mmediate (20		. 1	1.	1
lying cause last.) (c	, rev	al deser	e W	ith Clivor	ue 1	rephro	lis	
PART II. OT	HER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEATH E	BUT NO	T RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART 1	1(a) 19. WAS AUTOPSY PERFORMED?
3									YES NO
U (IF EITHER, NOTIFY	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OCCUI	RRED. (I	inter nature of injury in t	Part 1 or Part	11 of item 18.)		
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yes	20d. It While at wor	Not while	PLACE	OF INJURY (Home, form , street, office bldg., etc.	20f. (City	or town)	(Co	unty) (State)
21. I certify th	nat Lattended the	decease	ed from New 3	3	. 1958 to N	ov 6	1957	that I la	ist saw the decease
alive on No	0.000	, 195	A r						e date stated above
Olive division	4 0 0 -	1	, dila mai dec	aiii ac			reet, city or town,		DATE SIGNE
ACTUAL SIGNATURE	while M	tan	wor.	M D	(le)	and	zul		NN7 58
	0		0	M.D	. STABLESTICS				
PHYSICIAN'S NAME (Type)	DR. XXXXXX	XXX KM	MAKE WYLIE M.	FAV	/ JR.				
220. BURIAL, CREMATIC DEMOVAL (SPECTY)		oF 8	22c. NAME OF CEMETERY	OR C	REMATORY	22d. LOCAT	MON (City, town,	or county)	n O (Stote)
23. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS	i		D BY REGIST		STRAR'S SIGN	NATURE
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VS A15 (4) 15M 10/57



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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1244	CERTIFICATE	OF	DEATH
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Reg.	Dist	No	

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	1. PLACE OF DEATH a. COUNTY ALLEGANY	\$, Vi	MAR	rland 2.	~ STATE	ARYLAI		lived. If institut b. COUNTY		before EGAN	_
	b. CITY OR TOWN (If or RURAL and give neare CUMBERLAND	est tawn)	, write	e. LENGTH OF STAY 8 DAYS	IN 1b		OWN (IF OU		ite limits, write f	URAL and gi	ve neare	st town)
	d. NAME OF HOSPITAL OR INSTITUTION SARRED HEA			ddress)		d. STREET A		EDERIC	K ST.			IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	First WILBER		Middle		VIS Last		4. DATE OF DEATH	NOV		Day	Year 19 58
	5. SEX 6.	NEGRO	7. MARRIE		0 🗆	ATE OF BIRTH	7 (100	9	AGE (In years lost birthday)	-	-	UNDER 24 HRS. Haurs Min.
	10a. USUAL OCCUPATION during most of working RAILROADER	(Give kind of work do life, even if retired)	one 10b. K				L893 MARYL			IIS. CITIZ		WHAT COUNTRY
	13. FATHER'S NAME	M DAVIS	(DEC	EASED)	14	MOTHER'S	MAIDEN NA		(DECEAS)			
	15. WAS DECEASED EVER IN		ES? 16. S	OCIAL SECURITY NO			CHAR		\	ress /		
		WAS CAUSED BY: MEDIATE CAUSE (a)_ DUE TO which (b)_ ediate (DUE TO	H	pertin	mí	C,VI	Ole	ral	Alise	sh.		AL BETWEEN AND DEATH
	CATIC	SIGNIFICANT CONDI								VEN IN PART		WAS AUTOPSY PERFORMED? ES NO
	200. ACCIDENT WAS LOR CONTRIBUTING (IF EITHER, NOTIFY ME	CAUSE OF DEATH DICAL EXAMINER)	706. DESCI	RIBE HOW INJURY C	CCURRED. (E	iter nature af	injury in Po	art I ar Part I	I af item IB.)			
	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Year	20d. IN. While at work	Nat while	20e. PLACE (factory,	OF INJURY (I street, affice	lome, farm, bldg., etc.)	20f. (City o	or tawn)	(Co	ounty)	(State)
1	21. I certify that alive any ACC. ACTUAL SIGNATURE PHYSICIAN'S NAME (Typo) BLAN	m. Se	19.5.	Jand that	death ac	43	h	DDRESS (Stre		and an the	losse date	the decease stated above DATE SIGNE
	22a. BURIAL. CREMATION, REMOVAL (Specify) BUT1a1			22c. NAME OF CEM				22d. LOCATIO	on (City, town, berlan	ar caunty)		(State)
	23. FUNERAL DIRECTOR'S S Byron K		Cumb	erland,	wa.		24a. REC'D	BY REGISTR	AR 24b. REGI	STRAR'S SIGN	1 4	A

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by the funeral director, d 2 should be filed with

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12020 CERTIFICATE OF DEATH

11949

12020

Rea. Dist. No

a. COUNTY	llegany		MARYLAN	O STATE	SIDENCE (WI	here deceased	lived. If institution b. COUNTY	on: Residence	e before or	fmission)
b. CITY OR TOWN RURAL and give Luke	I (If outside corporale limi nearest tawn)	its, write	c. LENGTH OF STAY IN 65 Yrs		r town (if a	outside corpora	ole limits, write R	URAL ond gi	ve nearest	town)
d. NAME OF HOS OR INSTITUTION	PITAL (If not in hospital, s	give street	address)	d. STREET	ADDRESS Prati	t			0	RESIDENCE ON A FARM? S NO
3. NAME OF DECEASED (Type or print)	Charles	rst	Middle Newton	Dawson t	ost	4. DATE OF DEATH	Nov.		Day 22	Yeor 1958
5. SEX Male	6. COLOR OR RACE White	7. MARI	RIED NEVER MARRIED [ED DIVORCED [10, /1/s	887 9	AGE (In years lost birthday) 7 yrs.		YEAR IF U	JNDER 24 HRS. Durs Min.
during most of w Evaperate	TION (Give kind of work orking life, even if retired or Enigneer	done 10b.	RIND OF BUSINESS OR IN Paper Mill	DUSTRY 11. BIRTH	PLACE (Stole	or foreign cau	intry)		S.A.	HAT COUNTRY
13. FATHER'S NAME	n Dawson				s MAIDEN					
	VER IN U. S. ARMED FOR	CES2 114	SOCIAL SECURITY NO. 11	7. INFORMANT	aran i	nart	Add			·
(Yes, no. or unknown)	Ilf yes, give wor or dates of t		11-05-1135	Mrs. Lis	ta B.	Dawson				
	EATH [Enler only one co EATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO	Cs	ne for (o), (b), ond (c).] arcinoma of	Pancr	eas.				ONSET A	NAND DEATH
Conditions, if gove rise to cause (a), statin lying cause los	immediate DUE TO									
3	THER SIGNIFICANT CON	DITIONS (CONTRIBUTING TO DEATH	BUT NOT RELATED	TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART	PE	AS AUTOPSY ERFORMED?
○ CONTRIBUTION ○ CO	WAS UNDERLYING [] NG [] CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	JRRED. (Enter nature	of injury in	Port I or Part I	I of item 18.)			
20c. TIME OF INJI Hour a. m p. m	10	While	NJURY OCCURRED 20e k Ot while of work	PLACE OF INJURY foctory, street, offi	(Home, formice bldg., etc	n, 20f. (City o	or town)	(Co	ounty)	(State)
	NOV-22	19 5	ed from Oct 1	LO , 158 cath accurred a	LII	ADDRESS (Street	et, city or town,	nd on the	e date s	the deceased tated above DATE SIGNED
270. BURIAL, CREMAT	11/25/5		22c. NAME OF CEMETER Philos	Y OR CREMATORY			ON (City, town, corport	or county)		(Stote)
23. FUNERAL DIRECTO	Pr's SIGNATURE		ADDRESS Westernport,	Md.		D BY REGISTR	AR 24b. REGIS	TRAR'S SIGN		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNCAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fillipage.

To Funcal Director and Campletely fillipage.

The place remaye carban papers. Pages the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs affer death. VS A15 (4) 15M 10/57



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h 113	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1195.
HEALTH DEPT.	Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission).
3 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	6. COUNTY Allegany MARYLAND O. STATELLESTUNGING B. COUNTY MONEY HALL
E E E	b. CITY OR TOWN (If autside cargorate limits, write BORAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside cargorate limits, write RURAL and give nearest town)
your your	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS
d for Boor	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street offdress) d. STREET ADDRESS 4. IS RESIDEN ON A FARI 7 10 10 10 10 10 10 10 10 10
Series de la constant	3. NAME OF / First Middle Last 4. DATE Month Day Year
any de the f	(Type or print) KICHAYA FAITHAX DEWITH DEATH NOV 10 1958
a sto	5. SEX 6. CÓLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE In years If UNDER 1YEAR IF UNDER 24 Manths Days Haurs Min.
10 2 5 d j	100. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or, foreign country) 12. CITIZEN OF WHAT COUN during most of working/file, even if retired)
Page Page	Welder Construction Wille
M3.	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
hour ra Pour	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
Giv Giv Giv Giv Giv Giv Giv Giv	19. NO DECEASE EVEN IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address
der	18/CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
Hen	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) PART I. DEATH WAS CAUSED BY: SUGGER
ffice trans	DUE TO PRINCIPE / D
y ben	Conditions, if ony, which gove rise to immediate cause (b) Aut (e) 4164 / DAM DUGGET
mines no b no b	(c)
ding Example st d as	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES NO.
ired ical crem	YES NO
Med Med riot,	200. EXTERNAL CAUSE WAS PRIMARY: Or CONTRIBUTING D CAUSE OF DEATH. 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Sciented Bresses of Death.
hief shou	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 120f. (City or tayn) (County) (State
ing the control of th	
writte it a f	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection , Inquiry , and in r
Token Token	opinion death resulted from: Natural couses , Accident , Suicide , Homicide , Undetermined monner
EDICA Certific forwa DIREC	ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
The care	EXAMINER'S (1) A) 100 / SOLO ASSISTANT MEDICAL EXAMINER [] / 107/10
EPUT Cute Played	NAME (Type) DEPUTY MEDICAL EXAMINER TO THE PROPERTY OF CREMATORY 1220. BURIAL, CREMATION, 122b. DAYE THEREOF 122c. NAME OF CEMETERY OR CREMATORY 122d. LOCATION (City Inventor County) (See 1)
O S S S S S S S S S S S S S S S S S S S	22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 22d. LOCATION (City, town, or county) (Slote)
VS. A15ME	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S, SIGNATURE
5M 2/57	El Botel- Western port, My DATHOV 1 3 '58 0 arting 2. Traile

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	11945	CERTIFICA	ATE OF DEATH	R	eg. Dist. No.
	PLACE OF DEATH OF ACTUAL STATE OF THE STATE	MARYLAND	2. USUAL RESIDENCE (When STATE MARYLAND	e deceased lived. If institutions b. COUNTY	Residence before admission) ALLEGANY
	PLIPAL and give pagrest town)	ENGTH OF STAY IN 16 20 DAYS	c. CITY OR TOWN (IF OUT	iside corporote limits, write RURA	L and give nearest town)
60 E	d. NAME OF HOSPITAL (If not in hospital, give street addre	, MARYLAND	d. STREET ADDRESS 700 SYLVIA	N AVENUE	15 RESIDENCE ON A FARM? YES NO
3.	NAME OF First DECEASED (Type or print) GE ORGE	Middle RAYMONE		4. DATE Month OF DEATH NOVEMBE	Day Year R 15 19 58
5.	SEX 6. COLOR OR RACE 7. MARRIED WIDOWED WIDOWED		B. DATE OF BIRTH NOVEMER 14,18		UNDER 1 YEAR IF UNDER 24 HRS. onths Days Hours Min.
10	USUAL OCCUPATION (Give kind of work done 10b. KIND drie Terre PE Driving MERE if refired)	of Business or Indu l Mines		TON, MARYLAND	12. CITIZEN OF WHAT COUNTRY U. S. A.
13	FATHER'S NAME		14. MOTHER'S MAIDEN NA		
	BUCKWORTH, NELSON		YOUNKER, N		4.5
13	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCI. 11. no. or unknown) (If yes, give war or dates of service) 182.			deral St., Fi	(Son)
	18. CAUSE OF DEATH [Enter only one cause per line for	(o), (b), ond (c).]			INTERVAL BETWEEN
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	etro-Tre	inter Ore	ensim	- 37120
	332 × DUE TO	, , 7			
	gove rise to immediate	rlenove	unzes		en un.
	couse (o), stoting the <u>under-</u> lying couse lost. DUE TO				
OATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTI	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GIVEN	IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
CERTIFIC	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRE	D. (Enter noture of injury in Po	rt I or Port 11 of item 18.)	
MEDICAL		Not while fo	ACE OF INJURY (Hame, form, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
	21. I certify that I attended the deceased for	rom 2600	1958, 10 /3	5/2211. 1958,1	hat I last saw the decease
	alive on 15 Ad , 1958		occurred at 4:17	M, from the causes and	on the date stated above
	ACTUAL SIGNATURE January 10.	legman		DORESS (Street, city or town, state It; Curry,	berland And, 16
1	PHYSICIAN'S DR. JAMES STE	GMA I ER			
77	DEMONIAL ISIS-A	NAME OF CEMETERY C	r CREMATORY s Cemetery	22d. LOCATION (City, town, or c	ounty) (State) Md.

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all and put		K OF DEATH		in the same	
					ALL TERM
			SYMMET SERVE		
			may have T	Aradese Aradese Aradese	
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		G174583		The state of the	3.043
	of activity of				
		Statistical		Hor Str.	STICKET STATE
108)	ALL STREET				
				The same of the sa	Table September 3
	AND REVENUE OF STREET				
				nr askidi sh	
				90. Note	
			TOTAL LANGUES	T. T.	Cillian S

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

PLACE OF DEATH

a. COUNTY

b. COUNTY MARYLAND b. CITY OR TOWN (If outside carporote limits, write Maryland Allegany c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) Cumberland Midland d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 6d YES NO. Sacred Heart Hospital 3. NAME OF Middle 4. DATE Lost Month Day Yeor DECEASED (Type or print) DEATH 1958 Nov 6. COLOR OR RACE IF UNDER TYEAR IF UNDER 24 HRS MARRIED NEVER MARRIED 9. AGE (In years lost birthday) Months Doys Hours WIDOWED | DIVORCED White USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) II.S.A Mary land 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward Eagan

15. WAS DECEASED EVER IN D. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Hilda Smath Address 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate DUE TO cause (o), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY IHome, form, Day, Year 20f. (City or tawn) (County) (State) factory, street, office bldg., etc.) Hour 0. m. While Not while of work of wark p. m. 1958 that I last saw the deceased 21. I certify that I attended the deceased fram alive an and that death accurred at // M, fram the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 54-Greene Street E. Brings 22a. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, ar county) (Stote) Midland, Md. po d Cemeterv Relvedere 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Lonaconing, Md. Eichhorn VS A15 (4) George arthur S. Thaus 15M 10/57

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		arobavina.		Island.
Hilliam Lover is 18			M problem	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

11954

F	
	a. COUNTY b. COUNTY b. COUNTY b. COUNTY c. STATE b. COUNTY
	Allegany Co: MARYLAND Md. B.COUNTY () 1/29 any
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	RURAL and give nearest lown)
H	d. NAME OF HOSPITAL (If not in haspital, give, street address) d. STREET ADDRESS d. STR
	OR INSTITUTION ON A FARM?
	Tes NO II
	NAME OF DECEASED First Middle Q Lost 4. DATE Month Day Year
	(Type or print) trederic William Eiler DEATH NOV. 29 1988
Ì	
-	Man Duly Day Manths Days Hours Min.
1	
	12. CITIZEN OF WHAT COUNTRY during most of working life, every fretiged)
-	Retired Unlombile Dealer Sef. Norfolk 6a. 11.5a.
	3. FATHER'S NAME : / IA. MOTHER'S MAIDEN NAME
	Frederic Wolfe Elle V. Isabelle garrison
ł	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
X	(Yes, give wor or dates of service)
	1 12 Working Mary Weike Wife - Dame
1	18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]
ı	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CUYONAVA JAVAM DOSIS ONSET AND DEATH ZUISS
J	420,1 DUE TO
	Conditions, if any, which (b) (b) (c) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d
-	cause (a), stating the under-
	lying cause lost. (c)
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	YES O NO O
1	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.)
ı	OR CONTRIBUTING CAUSE OF DEATH UNITED THE REPORT OF DEATH CONTRIBUTION OF DEATH CONTRIB
П	Hour a.m., While Not while foctory, street, office bldg., etc.)
	p. m. 19 of work at work
	21. I certify that I attended the deceased from Mun, 1946, to 29 Nov., 1958, that I last saw the decease
1	alive on 29 May , 1958, and that death accurred at 4P M, from the causes and on the date stated above
	ADDRESS (Street, city or town, stote) DATE SIGNE
1	ACTUAL X 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	SIGNATURE CONCENTS (M.D. 11) DRIFERS I COMMITTED AND 291
4	PHYSICIAN'S TRILLIA L. T.
	NAME (Type) F. (2) MAITWOYIA
1	220 NAME OF CEMETERY OF CEMETE
	Bureaf 12/2/58 Hellered Cem. Cump m
1	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
	Quin Itai On On Ma
F	James Stein Onc. (sime 1/) DATE DEC 3 158 Curing & Known

VS A15 (4) 15M 9/55

Day Lander more hay in the April March Enter Isabelle gammer Mary Le Zits will-Cerra racky loven being recovered the party The second second To 193 Balford St. Comboling De some

	1.1	7.	02			Reg.	Dist. No.
1. PLACE OF DEATH			MARYLAND	2. USUAL RESIDENCE (VO. STATE WEST VIRO		d. If institutions Res b. COUNTY	idence before admission) Preston
b. CITY OR TOWN (I RURAL and give ne EUMBERLAN d. NAME OF HOSPIT	ID 1	+ : 5HR	S. 35 MINS	c. CITY OR TOWN (I ROWLESBUF d. STREET ADDRESS		imits, write RURAL a	nd give nearest town)
EMORIAL HOS		PICK "AND") ORIAL AVE		Oak Str	eet		ON A FAI
3. NAME OF DECEASED (Type or print)	Fin AL	BERT	Middle	Last ELIASON	4. DATE OF DEATH	Month NOVEMBE	Doy Year
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED A	DIVORCED	JUNE 22, 18		st birthday) Mont	DER 1 YEAR IF UNDER 24
	king life, even if retired)	R R CO	TRY 11. BIRTHPLACE (Sie Fellows		N. Va.	CITIZEN OF WHAT CO
13. FATHER'S NAME				14. MOTHER'S MAIDEN			
	Eliason			1	ine Gof		
15. WAS DECEASED EVE [Yes, no. or unknown] NO	R IN U. S. ARMED FOR (If yes, give war or dates of s	ICES? 16. SOCIAL S		MORIAL HOSPI	TAL	Address CUMBERLA	ND, MARYLAN
gave rise ta i cause (a), stoting lying cause lost. PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	the <u>under-</u> DUE TO)	JTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE CO	NDITION GIVEN IN	PART 1(a) 19. WAS AUT. PERFORME YES N
	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HO	W INJURY OCCURRED). (Enter nature of injury i	n Part I or Port II o	Fitem 18.)	
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Doy, Yeo	While _ No	CCURRED 20e. PLA fact work	CE OF INJURY (Home, for tory, street, affice bldg., o	erm. 20f. (City or to	own)	(County)
21. I certify the alive on	DR. W. F.	Viller		accurred at J2:			t I last saw the deen the date stated DATE
220. BURIAL, CREMATIO REMOVAL (Specify) Removal & B	N, 22b. DATE THEREC		AME OF CEMETERY OF		22d. LOCATION	(City, town, or coun	y) (Stote) Virginia
23. FUNERAL DIRECTOR			DRESS		C'D BY REGISTRAR	24b. REGISTRAR'S	
Fike & W	atson T	Terra Al	ta W.Va	DATEN	OV 1 2 '58	arthur .	& Kraus

in by the funeral director, and 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely E. An in by the funeral director, pogethaulted be detached for use as the burial-transit permit. Then please remove carbon papers. Pagethaulted by should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

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	CATE OF DEATH	**	
STATE OF THE STATE AND ADDRESS.			
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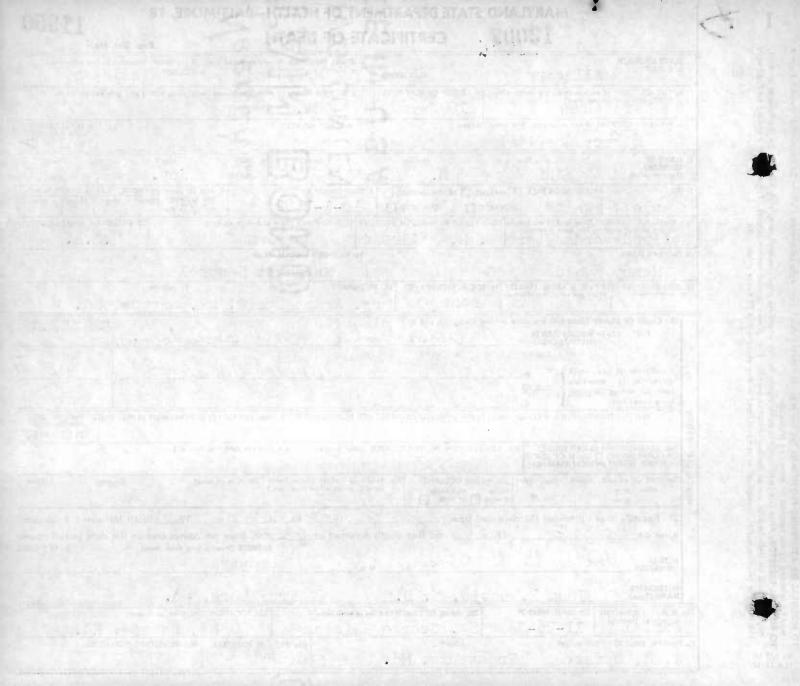
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11950

	160	W.	CERII	FICA	IE OF DEA	IH		Reg. D	ist. No		
PLACE OF DEATH O. COUNTY	Allegany		MARY	LAND	2. USUAL RESIDENCE o. STATE Mary	(Where decease land	d lived. If instituti b. COUNTY	4 -	-	gany	
RURAL ond give	(If autside carporate limit neorest town) Stburg	s, write	c. LENGTH OF STAY		c. CITY OR TOWN	(If outside corpo		RURAL and	give ne	arest tow	n) '
OR INSTITUTION	ITAL (If not in hospitol, gi ers Hospit		oddress)		d. STREET ADDRESS	5				ON	SIDENCE A FARM? NO []
3. NAME OF DECEASED (Type or print)	Firs KARL		Middle E .		EWALD Lost	4. DATE OF DEATH	Mor Nov		23,	ay ,	Yeor 19 58
s. sex male	2	7. MARRI	IED NEVER MARRIE		10-1-188	2	9. AGE (In years last birthdoy) O yrs.	IF UNDE Months	Days	Hours	ER 24 HRS. Min.
auring most of wo	ION (Give kind of work d rking life, even if retired) yardmaster		. M. Rail			ote or foreign o	country)	12. CI		· A ·	COUNTRY
13. FATHER'S NAME					14. MOTHER'S MAIDE	N NAME					
Henry	Ewald				Marga	ret He	nckel				
15. WAS DECEASED EV	ER IN U. S. ARMED FORCE	ES? 16.	SOCIAL SECURITY NO.	. 17. IN	ORMANT		Add	ress		-	
(1es, no. or unknown)	(If yes, give war or dates of se	(aice)	none	Mr	. Agnes	Ewald.	Mt. Sa	Va ge	. N	18	
Conditions, if gove rise to couse (a), stoting lying cause last.	immediate DUE TO	DITIONS C	ONTRIBUTING TO DEA	ATH BUT N	ot related to the te	ll Can	diaco	Heilu VEN IN PAI	8	19. WAS	wil
200. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	G CAUSE OF DEATH Y MEDICAL EXAMINER)			113	(Enter nature of injury					YES [NOD
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Doy, Year	While of work	JURY OCCURRED Nat while at wark	20e. PLAC	CE OF INJURY (Home, fory, street, office bldg.,	orm, 20f. (City	y or town)		(County)		(State)
21. I certify to alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	John B.	19		death		PM, from ADDRESS (STOADWA	the causes of the transfer of	and an I		te stat	decease ed abave ATE SIGNE
220. BURIAL, CREMATIC	ON, 226. DATE THEREOF		22c. NAME OF CEME St. Geor				TION (City, town, o		N	(Stat	'e)
23. FUNERAL DIRECTOR			ADDRESS	000		EC'D BY REGIS	7		_		
J. R. D1		Fros		ld.	DATE	NOV 2 8	58	Inthun,"	3. n	roug.	



VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

11956

	1. PLACE OF DEATH o. COUNTY	gany	1		MARYL	AND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission o. STATE b. COUNTY Maryland Allegany							
	b. CITY OR TOWN (If RURAL and give ned	outside corporate limi	ls, write	c. LENG	TH OF STAY IN	N 16	c. CITY OR			rote limits, write F			own)	
				64	days		X C	mberl	and					
	d. NAME OF HOSPITA OR INSTITUTION	I (If not in hospital, g	ive street	oddress)			STREET A	ADDRESS				e. IS	RESIDENCE	
7		Sacred He	art	Hospi	ital		Rt.	# 2 M	t. Pl	easant R	d.		□ NO □	
1	3. NAME OF DECEASED	Fir	s†		Middle		Lo	st	4. DATE	Mar	nth	Day	Yeor	
	(Type or print)	George			W.		nsler		DEATH	Nov		13	1958	
1	5. SEX	6. COLOR OR RACE	7. MARR	IED X N	EVER MARRIED	8	DATE OF BIRT	н		9. AGE (In years last birthday)				
1	Male	White	WIDOWE	Samuel Control	DIVORCED	Turned	7/26/7	79		79 yrs.	Months D	ays Hou	rs Min.	
	00. USUAL OCCUPATION	N (Give kind of work on glife, even if retired)				1-04	NOTE:	LACE (Stote of	or foreign o	ountry)	12. CITIZ	EN OF WH	AT COUNTRY?	
	detired Bl		Ba	lto	& Ohi	0 R	R	West	Virg	inia		U.S.	A.	
1	13. FATHER'S NAME						14. MOTHER'S	MAIDEN N						
	John Fa							Alice	Gib	son				
	15. WAS DECEASED EVER	IN U. S. ARMED FOR yes, give war or dates of se	rvicel				FORMANT			Add	ress			
	No				05-466	0[/	Chart							
	PART I. DEAT	H [Enter only one co H WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO	11.	o for (0),	(b). ond (c).]	ú	CVI	Rem	elle	nen			BETWEEN ND DEATH	
	Conditions, if on gove rise to im	y, which) (b)		W	rem	u	i					31	ruha	
	Couse (o), storing the under. DUE TO lying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY													
	CATI							4.44			EN IN PART I	PER	FORMED?	
		CAUSE OF DEATH	206. DESC	RIBE HOV			(Enter noture o							
	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yes	While of work		while	loe. PLA	E OF INJURY (ory, street, office	Home, farm, e bldg., etc.)	20f. (City	or town)	(Co	unty)	(State)	
ı	21. I certify the	t I attended the	decease	ed fram	turn	>	194	, ta h	m-1	3 195	Shat I la	st saw th	e deceased	
ŀ	alive an_ M	N-13	_, 19_3	80	and that (e	leath .	occurred at	12415	PM, from	n the causes o				
	ACTUAL SIGNATURE	m. fe	fr	who	les	M	0.4		ADDRESS (S)			24/	DATE SIGNED	
		Dr. B.M.Sc		er			s who was one one one also also	1	3 Gre	ene Stre	et /		7 / 10	
	220. BURIAL, CREMATION REMOVAL (Specify) BUTIAL	Nov 16	ا 195ق		ME OF CEMET		crematory emeter			Cins, lown.	or county) N . Va.	(S	tote)	
1	STUNERAL DIRECTOR'S	SIGNATURE	Phi		ers umber 1	and	, Md.	24a. REC'D	8Y REGIST 1 7 '58		tun 8. H			

2 by the funeral director,

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

may be retained by the hospital ar attending physician.

TO FUNSPAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page and half and the second page. Then please semane carban papers. Pages the registrar priar to burio, "trematian, ar remanal, and in any event within the redest death.

VS A15 (4) 15M 10/57

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CERTIFICATE OF DEATH

	11.	TU V						teg. Dist. IN).	
1. PLACE OF DEATH a. COUNTY		400 3	MARYLANI	a. STATE	ryland	ere deceased lived		Residence bef		on)
RUKAL and give	N (ff outside corporate limit e nearest tawn) berland	s, write c. LE	NGTH OF STAY IN 11		mberl	utside corporate li and	mits, write RUR	AL and give no	earest town)
	PITAL (If not in hospital, gi		is)	d. STREET		C+				DENCE FARM?
3. NAME OF DECEASED (Type or print)	Firs		Middle	Feldma		4. DATE OF DEATH	Month Nov.	30	lay \	58
5. SEX	6. COLOR OR RACE	7. MARRIED				9. AC	E (In years IF	UNDER 1 YEA		,
during most of v	JION (Give kind of work d orking life, even if retired)				LACE (Stote			12. CITIZEN		COUNTR
HOUSEW:			ome	14. MOTHER"	MAIDEN N	nit Md/ AME e Walsh		U	S.A.	
1S. WAS DECEASED E	Patrick M VER IN U. S. ARMED FORG (If yes, give war or dates of se No	ESP 16. SOCIA	L SECURITY NO. 17	INFORMANT Daughter			Addres:	12 Pac	a St.	Citi
	ng the under-	Occlusi Arterio left		ery Cardiova Lar hyper	cular trophy	Disease & aorti	, with	h	ours	DEATH
Er Er	teritis, app	arently	BUTING TO DEATH B	od Hirsch	THE TERMIN	's disea	se	IN PART 1(o)	19. WAS A PERFOI	RMED?
	WAS UNDERLYING NG CAUSE OF DEATH FY MEDICAL EXAMINER)	206. DESCRIBE	HOW INJURY OCCUR	RED. (Enter noture of	of injury in P	ort f or Port II of	item 1B.)			
20c. TIME OF INJ	10	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Not while	PLACE OF INJURY foctory, street, office	(Home, farm, e bldg., etc.	20f. (City or to	vn)	(County)	(State)
21. I certify alive an NC ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that I attended the ivember 30th, Dr. W. Do	1958 Doen	om November	22, 1958 th accurred at	2:201 Algo	ember 30 D.M. from the ADDRESS (Street, c Inquin Ho erland,	causes and ity or town, sto	d on the do	ate state	decease d abay TE SIGNE
REMOVAL (Speci Burial	12-3-19		NAME OF CEMETERY S.S. Pete			22d. LOCATION (City, town, or o		(Stote)
23. FUNERAL DIRECTO			rland, Md.		240. REC'D	BY REGISTRAR	24b. REGISTR	AR'S SIGNATU		

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician. TO FUNE AL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled: by the funeral director, page and be detached for use as the burial-transit permit. Then please remave carban papers. Pages to should be filled with the registrar prior to burial, crematian, or remaval, and in any event within 72 haurs after death.

VS A15 (4) 15M 10/57 60

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
a 1195J	CERTIFICATE	OF	DEATH	ij

11958

		And all						Reg. Dist	. No.	
1. PLACE OF DEATH a. COUNTY					USUAL RESIDENCE (WI		lived. If instituti			sian)
	LEGANY		MARYLA	ND	MARYLA	ND	b. COUNTY	ALLEG	SANY	
b. CITY OR TOWN (I RURAL and give no	If outside carporate limi	its, write	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (If	outside carpore	ate limits, write R	URAL and gi	ve nearest taw	n)
CUMBER			33 DAYS	0	2 CUMBE	RLAND				
d. NAME OF HOSPIT	TAL (If not in hospital, g	give street	address)		d. STREET ADDRESS				e. IS RES	DENCE
MEN	MORIAL HOSP	TAL			510 FRED	ERICK S	STREET	750	YES	NO T
3. NAME OF DECEASED (Type or print)	Fir		Middle		FIELDS	4. DATE OF DEATH	Mon NOVE			Yeor 19 58
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	8. D.	ATE OF BIRTH	9	. AGE (In years		YEAR IF UND	
FEMALE	WHITE	WIDOW			OCTOBER 24		last birthday)	Manths [Days Hours	Min.
10a. USUAL OCCUPATIO	ON (Give kind of work	dane 10b.	KIND OF BUSINESS OR I	NDUSTRY				12. CITIZ	EN OF WHAT	COUNTRY
HOUSEV	king life, even if refired)	House		MARYLA	.02-				
13. FATHER'S NAME	VII L			14	. MOTHER'S MAIDEN	1.40			J.S.A.	
	LOCEDU LONG									
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFOI		BURGON	Add	7055		
	(If yes, give war or dates of s		None			OCDITAL			MADWA	AAID
	m. fe	1			MEMORIAL H	USPITAL	CUMBE	KLANU,	MARYL	
	ATH [Enter anly one co ATH WAS CAUSED BY:		ne far (a), (b), and (c).]		00 7 00+	hman a:	-		INTERVAL BE	DEATH
170 V	IMMEDIATE CAUSE (a	AC	eno-Carcin	ioma	of left	preas	b .		To mo	S
1/07	DUE TO									
Canditians, if o)								
cause (a), stating										
lying cause last.) (c									
PART II. OTH	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART	PERFO	AUTOPSY PRMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCI	URRED. (Ei	nter nature af injury in	Port I ar Part I	l af item 18.)			
20c. TIME OF INJUR Hour a. m.	Y Manth, Day, Yes			e. PLACE	OF INJURY (Hame, farm	20f. (City o	or tawn)	(Co	unly)	(State)
Hour a.m.	19	While at war	Nat while	raciory,	street, affice bldg., etc	-)				
21 I cartify th	at I ottended the	decens	ed from 7 = 1	7	, 19.52, to 1	7 - 2	3 10 58	34		
alive on 1	1 - 23	10	10							
dive on	h	, 1½,	252-,-, and that de	eath occ	curred of 2:10		the couses a set, city or town,		e dote state	ed above
ACTUAL SIGNATURE	Buena W.	Ba	eli.	M.D.	62 Green	CT 1.	er, city ar tawn,	store)	11-2	4-58
PHYSICIAN'S NAME (Type)	R. RALPH B	ALLII	<u> </u>		Cumberla	nd., Mo	d.			
22a. BURIAL, CREMATIO REMOVAL, (Specify)	1		22c. NAME OF CEMETER			22d. LOCATIO	ON (City, tawn, c	or county)	(Stat	e)
Burial	Nov 26	L958	Hillcrest	Bur	ial Park	Cum	berlan	d	Md	
23. FUNERAL DIRECTOR		(1-	ADDRESS			D BY REGISTRA		TRAR'S SIGN		
Byron	VIGIL	Ci	umberlana,	اكلند	PATINO\	12 6 '58	Cui	ing 8. 1	Call A.	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11959

11952 **CERTIFICATE OF DEATH**

Reg.	Dist.	No

11000		Reg. Dist. No.						
1. PLACE OF DEATH o. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE MARYLAN	h COUNT	tion: Residence before admission) Y ALLEGANY				
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16			RURAL and give nearest town)				
RURAL and give negrest town) CUMBERLAND	2 DAYS		BERLAND	KOKAL ONG GIVE NEGLESS TOWN)				
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION MEMORIAL HOSPI MEMORIAL & WARWICK AVE	TAL	d. STREET ADDRESS	Y STREET	e. IS RESIDENION A FARM YES NO	M?			
3. NAME OF DECEASED (Type or print) MILDRE	Middle	Lost F1KE	OF	VEMBER 3 158	3			
S. SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24				
FEMALE WHITE WIDOWE	DIVORCED	FEBRUARY 19,	1901 57 yrs		in.			
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDU			12. CITIZEN OF WHAT COU	NTRY			
Housewife	Own Home	Cumberl	and, Md.	U.S.A.				
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME					
WALTER HINEBAUGH		GRACE	ENLOW					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 179s, no. or unknown) 11t yes, give wor or dates of service) 16.		Mr. John Fi		and, Md.				
18. CAUSE OF DEATH [Enter only one couse per lin	ne for (a), (b), and (c).]			INTERVAL BETWEE				
PART I. DEATH WAS CAUSED BY: WIN	lespread met	astatic Car	cinoma, pre	domi-	IH			
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	to a small				OS			
gove rise to immediate (: LU a Sman I	auenu=va_1	I the Light	DI Caro J.T. III	00			
tuine source last								
	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION G	IVEN IN PART I(o) 19. WAS AUTO PERFORMED YES NO	03			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in F	Port I or Port II of item 18.)					
20c. TIME OF INJURY Month, Doy, Year 20d. If	Not while to work 20e. PL	ACE OF INJURY (Home, form ctory, street, office bldg., etc.	20f. (City or town)	(County) (S	itote)			
21. I certify that I attended the decease	ed from 3 - 21	1958 to 1	1 - 3 195	that I last saw the dece	ease			
			,	and an the date stated a				
dive dil	252, and mai dean		ADDRESS (Street, city or town					
ACTUAL SIGNATURE RALLE W. B.	accin ,	M.D. 62 Gree		10-5-58				
PHYSICIAN'S Ralph W. Ball	in	Cumberl	and, Md.					
220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City, town,	or county) (Stote)				
REMOVAL (Specify) Burial III-6-58	Davis Memo	orial Park	Cumberlan	nd, Md.				
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 24b. REG	ISTRAR'S SIGNATURE				
James F. Scarpelli,	Cumberland,	Md. DATE	7 38	three of transport				

VS A1S (4) 15M 9/5S

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

11961

		119	54	(CERTIFIC	ATE	OF D	EATH			Reg. D	ist. No.	776) U.M.
	Allegai	ny .: e			MAILYLAND	2. US	STATE	ylan		lived. If instituti b. COUNTY	-	nce befor		ion)
Ь	. CITY OR TOWN (If RURAL and give ned	outside corporate lim	its, write	c. LENGTH	OF STAY IN 16	c.	CITY OR TO	OWN (If ou	itside corpore	ote limits, write R	_)
	Cumber.	land		40	years	0	2 C	umb e:	rland					
d.	OR INSTITUTION	ontgomer				d	707		gomer	y Ave.				PARM?
D	AME OF ECEASED ype or print)		rst	R.	Middle FISE	HER	Lost		4. DATE OF DEATH	Nov.		Day		Year 19 58
5. SE	EX	6. COLOR OR RACE	7. MARI	HED NEV	ER MARRIED		E OF BIRTH		5	AGE (In years	IF UNDE Manths	R 1 YEAR	Hours	R 24 HRS.
	Temale	White	WIDOW		DIVORCED		3.24,	1889		lost birthdoy) 9 yrs.	Manns	Days	riours	MIR.
100.	USUAL OCCUPATION during most of working	N (Give kind of working life, even if retired	done 10b.	KIND OF BU	USINESS OR INDI	USTRY 1	1. BIRTHPLA	CE (Stote o	or foreign cou	entry)	12. CI	TIZEN O	F WHAT	COUNTRY?
H	Housewife	9					M	aryl	and	7 5 9		US	SA	
13. F	ATHER'S NAME					14.	MOTHER'S	MAIDEN N	AME					
		Stump						Eliz	abeth	Grant				
	VAS DECEASED EVER	IN U. S. ARMED FOI		SOCIAL SEC	URITY NO. 17.	INFORM	AANT			Add	ress			
	No			None	I	ani	Lel C	. Fi	sher	Cumb	erla	nd,	Md.	
	PART I. DEAT PART I. DEAT 153.8 Conditions, if on gove rise to incote (o), stoting to lying couse lost.	H WAS CAUSED BY: IMMEDIATE CAUSE (DUE TO y, which mediate	7	nexa	nunau State	CIN	Car	na Cer	ron	-a		INTE ONS	y-la	DEATH
CERTIFICATION		ER SIGNIFICANT CON			NG TO DEATH BU						EN IN PA	RT 1(a) 15	PERFO	AUTOPSY RMED? NO 1
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Ye	20d. II While of wor	NJURY OCCI	hile	PLACE OF actory, st	F INJURY (H treet, office	ome, farm, bldg., etc.)	20f. (City	or town)		(County)		(Stote)
	21. I certify the calive on	at I attended the	deceas 19 T Ree:	Re	I Juve and that deat	h accu	1923 pried at 70	10 /k 3:121 V		the causes of the cause of	and an i		e state	deceased ed above. ATE SIGNED
	BURIAL, CREMATION REMOVAL (Specify) BUILD	Nov.19,	-	22c. NAM Ros	e Hill		MATORY neter			on (City, town, oberlan		d.	(Stote	•)
	Byron Ki		mber	ADDRI land,					BY REGISTR OV 1 9 '	40	STRAR'S SI		_	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

FLETCHER

DIVORCED | Apr. 20, 1883

17. INFORMANT

MARYLAND

c. LENGTH OF STAY IN 1b

Middle

7. MARRIED NEVER MARRIED 8. DATE OF BIRTH

HENRY

10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

16. SOCIAL SECURITY NO

General Farming

WIDOWED T

1	1	Q	45	9
I	Ă,	U	U	N

e. IS RESIDENCE ON A FARM?

YES TO NO TO

Yeor

IF UNDER 24 HRS. Hours

Reg. Dist. No.

Doy

12. CITIZEN OF WHAT COUNTRY?

b. COUNTY Allegany

November 19, 1958 10

IF UNDER TYEAR

USA

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

9. AGE (In years

Month

yrs.

Address

Maryland

Plintstone

4. DATE

Weimer

Route 1

Pratt, Maryland

STREET ADDRESS

fost

14. MOTHER'S MAIDEN NAME

Nancy

FOR STATE HEALTH DEPT.

necessary, please of director. Page of for your files. e B oud office along with form PM3. of-transit permit. File pages b be used

PLACE OF DEATH

and give necrest town)

Allegany

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)

First

b. CITY OR TOWN It outside corporate limits, write RURAL

Corriganville

Corriganville

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

WILLIAM

White

6. COLOR OR RACE

Fletcher

(If yes, give war or dates of service)

g. COUNTY

NAME OF

Male

Retired 13. FATHER'S NAME

William

DECEASED

(Type or print)

00

70 VS. A15ME 5M 2/57

forwarded to the DIRECTOR: Page certificate, MEDICAL

DEPUTY

no	None Mrs. Samuel Wilt, orriganville, Maryla	ind
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) A till Cardial Dilaton Sudd	107
	Conditions, if ony, which (b) My Cardeal mouffering mont	th
	gove rise to immediate cause (a), stating the underlying DUE TO (c).	
CATION	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AU PERFORM YES 1	
CERT	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) CAUSE OF DEATH.	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while at work at work at work 20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.)	(Stat
	21. 1 certify that I took charge of the remains described above, held on Autopsy , Inspection Inquiry , and opinion death resulted from: Natural couses X: Accident , Suicide , Homicide , Undetermined manner	in
	ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER DATE SIG	GNED
	EXAMINER'S NAME (Type) W. O. Mcclane M.D. (158)	
220.	BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)	
	Surial Nov. 22, 1958 Hillcrest Burial Park Cumberland, Maryland Park Cumberland, Maryland John J. Hafer, Cumberland, Maryland Date HOV 2 4 58	-

Wilder Land Commercial of 15-18 COLL COL Though the collection of the Landyne . 112. . galran's largered best real stations of the founds only The second state of the second outly self involved managers of the Park of Secretary States of the Park of Secretary Secretary Secretary Bon Perput, bort red red . As tall . In onlot

VS A15 (4) 1SM 9/SS

	1202		CERTIFIC	ATE OF D			IIMORE,		1:a N	AL AND	963
1. PLACE OF DEATH o. COUNTY	llegany		MARYLAND	2. USUAL RESIDE		ere decessed	d lived. If institute b. COUNT	otion: Reside	ist. No ince befo Lega	re admis	sion)
b. CITY OR TOWN (RURAL ond give n	If outside corporate limi	ts, write	Life	× Rural		utside corpo	rote limits, write	RURAL ond	give ne	grest tow	n)
	TAL (If not in hospital, g	oddress)	/d. STREET ADDRESS Bald Knob						e. IS RESIDENCE ON A FARM? YES NO		
3. NAME OF DECEASED (Type or print)	Wilbur		Middle elius Geary	Lost		4. DATE OF DEATH		onth 23,19	958	у	Yeor 19
sex Male	6. COLOR OR RACE	7. MARR	NEVER MARRIED	8. DATE OF BIRTH	1906	3	9. AGE (In year lost birthday) 52 yr	Months	R 1 YEAR	IF UND Hours	ER 24 HRS. Min.
. USUAL OCCUPATION	king life, even if refired)]	elly Spring	STRY 11. BIRTHPLA	CE (Stote	or foreign co Savag	e, Md.	_	JSA	F WHA	COUNTRY
Joseph		CECO 114	SOCIAL SECURITY NO. 17.		a Le		A.	ddress			
Yes, no. or unknown)	(If yes, give war or dates of s	ervice)	13-01-8662		h Ge	eary,		avage	e, M	ld.	RD#1
Conditions, if a gove rise to it couse (o), stating lying couse lost.	mmediate ()	budsome hay	grandlak	in	Cerch	reluse,	4 C _		48	P. D.S.
5			CRIBE HOW INJURY OCCURR	INE				SIVEN IN PA	RT 1(o) 1	PERF	AUTOPSY ORMED?
OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR Hour o. m. p. m.	AS UNDERLYING [] G [] CAUSE OF DEATH MEDICAL EXAMINER] RY Month, Doy, Ye 19		NJURY OCCURRED 200. P	LACE OF INJURY (Hoctory, street, office	ome, form	120f. (City			(County)		(Stote)
21. I certify the alive on	ASSICOLO		ed fram. NOV.		1:001	M, fran	reet, city or tow	and an		te stat	
PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATIC REMOVAL (Specify)	MARTIN .		20. NAME OF CEMETERY	OR CREMATORY		201	TION (City, town		9	(Sto	1e)
BUTIAL Specify		1/	8 Methodist ADDRESS			Mt. BY REGIST	RAR 24b. REG	GISTRAR'S S	IGNATU		
Verwey	J. Leigh	Myn	dman, Pa.		DATE	ON 2 8	'58	Chillian	S. Ka	ateA	

STATE OF A TRANSPORT A THE PART OF THE PROPERTY OF THE PARTY OF T THE LEADING THE STORY OF THE STREET, 1911

		119	55	CERTIF	ICA	TE OF DEATI	Н		Reg. Dist. N	11964
1. PLA o. C	CE OF DEATH	Allegany	7	MARYL	AND	2. USUAL RESIDENCE (W o. STATE Maryl	here deceased live	ed. If institution b. COUNTY	Residence bet	
b. C	CITY OR TOWN	(If autside carporate limit	s, write c	LENGTH OF STAY I	и 1ь	c. CITY OR TOWN (If		limits, write RUF	RAL and give n	earest town)
	Cumb	erland		1/13/58		22 Frost	burg			
d. f	NAME OF HOSP	Allegany (ount;	y Infirm	ary	d. STREET ADDRESS 65 Bre	oadway			e. IS RESIDENCE ON A FARM? YES NO A
	ME OF CEASED pe or print)	Fire		Middle	M	G1bbons	4. DATE OF DEATH	Month ovembe		Year 19 58
S. SEX	emale	6. COLOR OR RACE White	7. MARRIEI			10/4/1883	9. /		Months Days	R IF UNDER 24 HRS. Hours Min.
Re	tired=	ON (Give kind of work or king life, even if retired) Stenograph		ND OF BUSINESS OR	INDUS'	Clevelan	d, Ohio			S . A .
13. FAT	THER'S NAME	John D.	Smith			Mary O				
	AS DECEASED EV	ER IN U. S. ARMED FOR		CIAL SECURITY NO.		FORMANT P.O.B				erland, Mo
	No	None		None	A	llegany Co	unty Ir	ıfirmar	y Reco	ords
9 c:	Conditions, if a gave rise to ause (a), stating ying couse last.	DUE TO cony, which immediate the under- (c)		leer chien	el	eral 4	eces	tasi	egh.	ton ?
CERTIFICATION		Sec	ect	e des	er	vot related to the term	52		N IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
	R CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRI	IBE HOW INJURY OC	CURRED	. (Enter noture of injury in	Part I or Part II o	of item 1B.)		
WEDICAL 200	c. TIME OF INJU Hour a. m. p. m.	RY Month, Day, Yea	While of work [_ Not while _	Oe. PLA foct	CE OF INJURY (Home, form ory, street, office bldg., etc	n, 20f. (City or	town)	(County	(State)
ol	I. I certify to live on 11 CTUAL GNATURE	hat I attended the /15/58	deceased , 19		58 death	, 19 , to 1 occurred of 10:00	- The shade will a	ne causes an , city or town, sta	d an the d	the decease at a stated above DATE SIGNE
PH	YSICIAN'S AME (Type)	Dr. James	E. M	cLean		Cumber	land, M	id.		
220. BL	URIAL, CREMATIC	ON, 22b. DATE THEREO		22c. NAME OF CEMET				(City, town, or	county)	(Stote)
	emoval (Specify					emorial Pa				Md.
Gen	lal H. KL	relevent 23		uneral H ain, Fro	-	24a. REC	D BY REGISTRAR DV 2 4 '58		RAR'S SIGNATION & KILL	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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7/56 or leave to the last transfer of the last tran	10:00%	1/13/51	12/21	St. Landon
	ansarD Piles	N. S. S.	Comments of	
d, Mr.		nacio	e december.	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH OR STAZ Reg. Dist. No. ALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Allegany MARYLAND Mary land Allegany b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) and give negrest town) Cumber land di O Lifetime Cumberland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE for 304 ON A FARM? 117 Fifth Street Fifth Street YES T NO TX NAME OF Middle First DATE Last Month DECEASED OF DEATH 21 (Type or print) 1958 Oliver Gordon Nov -James 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | B. DATE OF BIRTH IFUNDER TYEAR IF UNDER 24 HRS. 9. AGE (In years Months Hours WIDOWED | DIVORCED T Male White 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? USA Railroad Cumberland, Md. Blacksmith 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Delila A. Beltz John A. Gordon 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT no Mrs. Gladys Lewis, Cumberland, Md. 217-10-6998 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY PERFORMED? YES 🗍 NO T 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II al item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, i 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Not while p. m. at work at work 2). I certify that I took charge of the remains described above, held an Autapsy ... Inspection . Inquiry . ond in my forwarded DIRECTOR: apinion death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** Dr. B. Skitarelic DEPUTY DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Davis Memorial Cemetery -24 - 58Cumberland, Md. 0 ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE James F. Scarpelli, Cumberland, Md. 5M 2/57

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			or farm	PATE IN

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FOR STATE elay is necessary, please funeral director. Page fined far your files. within 72 hours ofter poges I and 2 with this TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. execute the certificate, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 4 should be farworded to the Chief Medical Examiner's Office along with farm PM3. Page 5 m TO FU RAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 v ond in ony cremotion, ssignated agent, prior to buriot,

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VS. AISME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11966 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	llegany	MARYL	- CTATE OF	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Allegany							
b. CITY OR TOWN (It outside corporate limits, write RU	c. LENGTH OF STAY II	N 1b c. CITY OR TOV	MOSCOW		RURAL ond give	nearest town)				
d. NAME OF HOSPI	TAL OR INSTITUTION (IF IN	ot in haspital, give street address)	d. STREET ADDR	RESS			e. IS RESIDENCE ON A FARM? YES NO				
3. NAME OF DECEASED (Type or print)	Lester	Lee Middle	Green	4. DATE OF DEATH	Novemb		Yeor 19 58				
5. SEX Male	geth did a	MARRIED NEVER MARRIED		17,1937	9. AGE (In years loss birthday) 21 yrs.	Months Days	R IF UNDER 24 HRS. Hours Min.				
Construc	ngelife, even if retired)	10b. KIND OF BUSINESS OR IF Unemployed	Mosco	ow, Mary			S.A.				
13. FATHER'S NAME	Clay Gree	m	14. MOTHER'S MAI	DEN NAME Thelma A	ndrews						
	VER IN U. S. ARMED FORCE		17. INFORMANT		Address						
Yes, no, or unknown)	(If yes, give war or dates of zervi	(ce)	Clay Gre	en	Moscov	w, Mary	land				
Conditions, if gove rise to imme (o), stating the couse lost.	ediote cause	Lacerated Tracfure	- Leff	Sh	ill	2	udden "				
PART II, OT	/racj	LUNC FO	wel.	Man	dill	'EN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO				
20c. TIME OF INJU	Nor9 1858	White Not white	ALCSCEN A	El 71	105 Cou	(County)	any Illa				
	21. I certify that I taok charge of the remains described abave, held an Autopsy, Inspection, Inquiry, and in my opinion death resulted fram: Natural causes, Accident, Suicide, Homicide, Undetermined manner										
ACTUAL SIGNATURE C EXAMINER'S NAME (Type)	00711°	Lane	ASSISTANT A	CAL EXAMINER MEDICAL EXAMINER DICAL EXAMINER	1- 1	No	DATE SIGNED				
220. BURIAL, CREMATII REMOVAL (Specify Burial	11/12/5				ION (City, town, o		(State) Md.				
Ge orge		Lonaconing	3, Md. DA	NOV 1 3 '58		huy S. Krau					

Item 1 - By phone: Commissioner of M.V. 11-13-58

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decree Wichioms a Langeonthus, Mis. | will

11967 Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO 4. DATE Month Doy Year OF DEATH 30 190 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months Days Hours Min. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME Address INTERVAL BETWEEN ONSET AND DEATH PERFORMED? NO 1 20f. (City or town) (State) Inspection . Inquiry | and in niy Hamicide ... Undetermined manner

Suicide 1

DATE SIGNED CHIEF MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county)

(Stole)

Burial Eckhart Cemetery Md. Eckhart 24o. REC'D BY REGISTRAR 246. REGISTRAR'S, SIGNATURE Chiling S. Thouse

VS. A15ME 5M 2/57

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REMOVAL (Specify)

MARYSAND STATE OFFARTMENT OF HEALTH LEADINGSE TO MITATO AO STADRITIS PERTAMANTE OF DEATH

CERTIFICATE OF DEATH

11968

	110	N.	CERTII	ICA	E OF DEAT			Reg. D	ist. No.		
1. PLACE OF DEATH COUNTY EGAN	Y		MARYL		O. STATE MARYLAI	/here deceased	d lived. If institution b. COUNTY		nce befo LEGA		ision)
b. CITY OR TOWN (I	f outside corporate limi arest lown) AND	ts, write	c. LENGTH OF STAY II	N 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CDDTOWN, MARYLAND						
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospitol, g		oddress)		STREET ADDRESS	rial I	4.Ve			ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	WARR		Middle	}	IAM I LTON	4. DATE OF DEATH	NOVE	th MBER	Do	8	Yeor 19 58
5. SEX MALE	WHITE	7. MARR	RIED NEVER MARRIED	0 -	an. 15, 188	4	9, AGE (In years last pirthday) yrs.	Months .	Doys	Hours	DER 24 HRS. Min.
10o. USUAL OCCUPATION during most of work Laborer	ON (Give kind of work ing life, even if retired		KIND OF BUSINESS OR	INDUSTR	11. BIRTHPLACE (STOP		ountry)		J. S		T COUNTRY
13. FATHER'S NAME HAMILT	ON, FRANCES				14. MOTHER'S MAIDEN MIDDLE	NAME TON, L	UCY				
15. WAS DECEASED EVER	R IN U. S. ARMED FOR (If yes, give wor or dates of s	CES? 16.	social security no. None	17. INFO	MORIAL HOSE	PITAL	CUMBER		, MAI	RYLA	ND
Conditions, if or gove rise to it couse (o), storing lying couse lost.	the under-	K	light C	ere	bral L	Jaem 1 pl	igen.	£S.	3	50	lay
200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY			CONTRIBUTING TO BEAT					'EN IN PA	RT 1(o) 1	PERFO	AUTOPSY ORMED?
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yes	While	NJURY OCCURRED Not while k of work	PLACE factor	OF INJURY (Home, far. y, street, office bldg., et	m, 20f. (City	or town)		(County)		(Stote)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Clark. DR. CL	., 19-	ond that of		, 19 <u>3</u> 8, 10_7 covred at 9:35	M, from	n the couses of treet, city or town.	end on (stote)			deceose ed above ATE SIGNE
270. BURIAL, CREMATIO REMOVAL (Specify) BURIAL	Nov.21,	f 1958			Cemetery	Cum	berland	, INTO	~~~~	(Sto	te)
23. FUNERAL DIRECTOR'S		Tarmh	ADDRESS	7		D BY REGIST		twa S.			

may be retained by the hospital or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, post thould be detached for use as the burial-transit permit. Then please remove carbon papers. Page and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours ofter death. VS A15 (4) 15M 9/55

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

THE MARK TOTAL CONTRACTOR CONTRACTOR and the state of the law party and the state of the second to the state of the stat CTISHED STYLE ROLL FRANCE

Cemetery

Maryland

ADDRESS

Cumberland

Cumberland

240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

Poge 0 VS A15 (4)

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23. FUNERAL DIRECTOR'S SIGNATURE

Silcox

Ruth E.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18									
12024	CERTIFICA	ATE OF DEATH Reg. Dist. No.	11971						
any	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before o. STATE b. COUNTY Alleg							
corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and give near Lonaconing							

	1606	* CER	HIFICATE	OF DEATH	1		Reg. Dist. N	lo.	
	llegany		ARYLAND 2. U	STATE Maryla		ed. If institution b. COUNTY		fore admission)	
RURAL and give r	racouring		AY IN 16 c.	CITY OR TOWN (IF o	oning	limits, write R			
d. NAME OF HOSPI OR INSTITUTION		street oddress) 'enue	10	STREET ADDRESS Dougle	as Aver	nue		e. IS RESIDENCE ON A FARM? YES NO	
B. NAME OF DECEASED (Type or print)	Matilda First	M.		lmes	4. DATE OF DEATH	Novem		23 19 58	
Female	White w		RCED [] JUJ	E OF BIRTH	32	AGE (In years last birthday) 76 yrs.		AR IF UNDER 24 HRS.	
House	ON (Give kind of work don rking life, even if retired) WOPK	OWN Home		Moscow,	Maryl			OF WHAT COUNTRY	
	Tames McElv			MOTHER'S MAIDEN N	nerine	Frazi	er		
S. WAS DECEASED EV (Yes. no. or unknown)	ER IN U. S. ARMED FORCES (If yes, give wor or dates of service					Addi		. Md.	
	ATH [Enter only one couse ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	per line for (o), (b), and		'Husband'			IN	TERVAL BETWEEN NSET AND DEATH	
Conditions, if a gove rise to couse (o), stating lying couse lost.	the under-	Congest	we h	east f	gulur	2	1	years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\text{VES} \) NO \(\text{VES} \)									
OR CONTRIBUTING	AS UNDERLYING 200 G CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIBE HOW INJUR	Y OCCURRED. (Ente	er nature of injury in I	Port I or Part 11 c	of item 18.)			
20c. TIME OF INJUI Hour a.m. p. m.	10	20d. INJURY OCCURRED While Not while of work of work	20e. PLACE OI foctory, st	INJURY (Hame, form treet, office bldg., etc.	20f. (City or	town)	(Count)	(State)	
21. I certify the alive on \(\sqrt{1} \)	nat I attended the de	0	at death accu			ne causes a	nd on the d	saw the decease ate stated above	
ACTUAL SIGNATURE	Residen	. miley	A.M.D	mai	ADDRESS (Street	city or town,	state)	DATE SIGNE	
PHYSICIAN'S NAME (Type)	ESLIE IR.	MILES.	JR.	Je	mace	rur	VQ.	md	
20. BURIAL, CREMATIC	11/26/5	8 Oak H	EMETERY OR CREA	e tery	22d. LOCATION	(City, town, o		(Stote)	
3. FUNERAL DIRECTOR	's signature Eichhorn	Lonaconi	ng, Md.		D BY REGISTRAR DV 2 5 '58		TRAR'S SIGNATI	,	

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11973

L				CERTIF	ICAI	E OF DEA	III			Reg. D	ist. No		
1	PLACE OF DEATH				2.	USUAL RESIDENCE	(Where dece	ased live	d. If institution				ion)
	a. COUNTY Allega	ntr		MARYLA		Md.			b. COUNTY		egar		
r	b. CITY OR TOWN (H	f outside corporate limits,	write	c. LENGTH OF STAY IN	v 16	c. CITY OR TOWN	(If outside co	rporote 1	imits, write RI				2)
	RURAL and give ne			10 Hour	er ~	2 - 1			ryland		5		
-	d. NAME OF HOSPIT	and AL (If not in hospital, giv	e street	address)	3	d. STREET ADDRESS				-		e. IS RES	IDENCE
							474		lechan:		60	ON A	FARM?
3		Heart Hospi	Lal	44.141									1 1
ľ	(Type or print)			Middle Virgini		Jenkins	4. DAT		Man	th	De	,	Year
5	. SEX	6. COLOR OR RACE	7				DEA		11-	licus	21		1958
	. JEX			IED NEVER MARRIED		ATE OF BIRTH		y. At	GE (In years st birthday)	Months	Doys	Hours	Min.
-	Female	MILLE	VIDOW		- 112	-6-1915			11/2 yrs.				
"	during most of work	N (Give kind of work do ing life, even if retired)	ne 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (St		n country	1)	12. CI			COUNTRY
L	Housewi	fe		At home		Maryl	and				U.S.	. A	
13	3. FATHER'S NAME				1.	. MOTHER'S MAIDE	N NAME						
	K xxixx ke0x	extrack Llc	bvd	Newnam	1	Virgin	ia Ne	ff					
1:		IN U. S. ARMED FORCE		SOCIAL SECURITY NO.	17. INFO				Addr	ess			
Ľ	No	in yes, give wor or ousies or serv	2	17-10-630	b c	hart (Pa	tient	s)					
Ī	IB. CAUSE OF DEA	TH [Enter only one caus	e per lir	e for (o), (b), and (c).		1					LINT	ERVAL BE	TWEEN
		TH WAS CAUSED BY:		mexosta	tic	Carrie)					SET AND	
	171X	IMMEDIATE CAUSE (o)_ DUE TO				CT - Cone	no						
	Condition if w			Cervix									
	Conditions, if ar	nmediate (001 12%							-		
	couse (a), stoting I												
Z		ER SIGNIFICANT CONDU	TIONS	CNITRIBUTING TO BEAT	U BUT NOT	DELATED TO THE TE	0.44.4.4.						
CEPTIEICATION	PARI II. OIH	ER SIGNIFICANT CONDI	IION2 C	ONTRIBUTING TO DEAT	H BUI NOI	RELATED TO THE TEL	RMINAL DISE	ASE CON	NDITION GIV	EN IN PAI	(T 1(o) 1	PERFO	RMED?
1013												YES 🗌	NO 🗌
DTI	OR CONTRIBUTING	S UNDERLYING [] 20 [] CAUSE OF DEATH MEDICAL EXAMINER)	Ob. DESC	RIBE HOW INJURY OCC	URRED. (E	nter noture of injury	in Part I or I	Port II of	item 1B.)				
							33331						
MEDICAL	Hour a.m.	Month, Day, Year			Oe. PLACE	OF INJURY (Home, for street, affice bldg.,	arm, 20f. (0	Lity or to	wn)	((County)		(State)
AAEF	p. m.	19	While at wark	Nat while	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	sireor, arrice brog.,	eic.)	,					
Г	21. I certify the	at I attended the d	erens	ed from 11/	2-1	, 19 JB. ta	1	1/24	1058	Ab a A I	I make a		1 .
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	ACTUAL	Les II	Ker	-2/			MUDICIJ	(Silee), (city of fown,	iorej		11/00	SIGNE
	SIGNATURE	7	1	70	M.D.	-						-/	790
	PHYSICIAN'S					1 -1							
~	NAME (Type)	r. Leo Ley				156_NCe							
-	 BURIAL, CREMATION REMOVAL (Specify) 			22c. NAME OF CEMETI	ERY OR CR	EMATORY	22d. LO	CATION	(City, town, o	r county)		(Stote	e)
-	Burial	11/26/5	8	St Peter	r&Pa				erlan				1,16
23	FUNERAL DIRECTOR'S			ADDRESS			EC'D BY REG		24b. REGIS	TRAR'S SI	GNATUI	RE	
	Ruth E.	Silcox Cu	mbe	rland Mar	ylan	d DATE	DEC 1	158	a	rihun .	S. Ku	and	

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VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12025

CERTIFICATE OF DEATH

11974 Reg. Dist. No.

1. PLACE OF DEATH	legany	MAR	rland	a. STATE	ence (who		ived. If institution b. COUNTY	Alle			ian)
RURAL and give r	(If autside corporate limits, wr leorest tawn) Coole, Md.	ite c. LENGTH OF STAY				utside corporo	te limits, write R	URAL and	give nea	rest towr	1)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give st	reet address)		d. STREET A		Highw	ay				IDENCE FARM?
3. NAME OF DECEASED (Type or print)	Bessie First	Pearl		ener		4. DATE OF DEATH	Novem		Do;		Yeor 1958
5. SEX Female	6. COLOR OR RACE 7. A	AARRIED NEVER MARRI		DATE OF BIRTH			AGE (In years last birthday) 70 yrs.	Months	Days	Haurs	Min.
during most of wor	ON (Give kind of wark dane king life, even if retired)	10b. KIND OF BUSINESS (OR INDUS		ACE (State of		ntry)		TIZEN O		COUNTRY?
13. FATHER'S NAME	as Sinclair			14. MOTHER'S		AME Barnar	d	I.			
15. WAS DECEASED EV Yes, no. or unknown)	ER IN U. S. ARMED FORCES? (If yes, give wor or dales of service)	16. SOCIAL SECURITY NO. 232-60-7364	1	FORMANT China	Lier	~	Add Keyser		Va.		
	the under-	er line far (0), (b), and (c)	1	is of I	ives				ONS	RVAL BE ET AND	DEATH
PART II. OT	HER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DE		Agric.				EN IN PAI	RT 1(a) 1	PERFC	AUTOPSY DRMED?
	W	Od. INJURY OCCURRED /hile Not while work of work	20e, PLA foc	CE OF INJURY (I	Hame, farm, bldg., etc.	, 20f. (City o	ir tawn)		(County)		(Stote)
21. I certify t	hat I attended the dec	eased fram	t death	. C . Gif	5-P	_M, fram		and an i		e state	
220. BURIAL, CREMATI	ON, 22b. DATE THEREOF	22c. NAME OF CEN					on (City, town,	or county)		(State	
23. FUNERAL DIRECTO	m. Rutmich	Keysen,	Va.		24a. REC'S	V 2 5 '58		STRAR'S SI		_	

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VS A1S (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE	,	18
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11962 CERTIFICATE OF DEATH

11975 Reg. Dist. No.

	OF DEATH	NY			MARYLAND	- 11	O. STATE MARY		here deceased	lived. If institu b. COUNT	Υ	LEGA		on)
RU	CUMBER			3 DA	OF STAY IN 16	0		IOWN (IF		ote limits, write	RURAL ond	give nea	rest town)	
d. NA OR ME	ME OF HOSPITAL	MEMORIAL WAREICI	HOSPI K AVES	gddress) TAL			d. STREET A		view A	ve.,	41.46		ON A I	
3. NAM DECE. (Type	OF ASED or print)		First MARGA!	RET	Middle MAY		KINNE		4. DATE OF DEATH	NOVEM	BER	13	, Ye	58
5. SEX	MALE	6. COLOR OR RAI	CE 7. MAR WIDOW		VER MARRIED TO		ct. 27			9. AGE (In year lost birthdoy) 79 yrs	Months	R 1 YEAR Days	Haurs Haurs	
Wi	ng most of work	N (Give kind of wo	red)		busines	S	CUI	MBERL	AND, M	ARYLAND		S.A.		OUNTRY?
13. FATH	ER'S NAME	OBERT KII	NNEAR			1	4. MOTHER'S		SHAFF	ER				
	unknown) [{	IN U. S. ARMED I If yes, give wor or dates	of service]	SOCIAL SEC			RMANT				dress	Cumbe	rlan	d. Md
G G go		he under-	10 Ext	busine for (0), (ie Cel	lu	letes	p g c	ervet	th al ne	zin	ONS	S d	DEATH
≥ OR	ACCIDENT WA	S UNDERLYING DE CAUSE OF DEA	tre C	ardio	HO TO DEATH BI	00	or di	200	2 40	th B	Henry	RT 1(0) 15	PERFOR YES	MED?
MEDICAL 20c.	TIME OF INJURY Hour o.m. p. m.		While	NJURY OCC	hile		OF INJURY (m, 20f. (City	or tawn)		(County)		(Stote)
ACT SIGN	e on Na	wylle	he decease 19 M. FAI) x .	Ne √ and that dea								e stated	
220. BUR	IAL, CREMATION	11/16/5			NE OF CEMETERY					ION (City, town, erland,			(Stote)	
	RAL DIRECTOR'S		Cumber	ADDE	ESS			24o. REC	D BY REGIST		ritury &			

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				Vanda La Maria
	The Parison of the Pa	Professional Comments		
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1. PLACE OF DEATH o. COUNTY	Allegany		MARYLA	II		ence (Whe		lived. If institution b. COUNTY		e before admission)
b. CITY OR TOWN (If RURAL ond give ne		ts, write c. LEI	GTH OF STAY IN	11ь	n	berla		ate limits, write RU		
d. NAME OF HOSPITA	old (If not in hospital, g)	1	d. STREET AD			Street		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)		sie	Middle		ndis		4. DATE OF DEATH	Month Novembe		Doy Yeor
s. sex Female	6. COLOR OR RACE White	WIDOWED 🔼	DIVORCED	F	eb 19	, 18	79	79 yrs.		YEAR IF UNDER 24 HR
Housek	ng life, even if refired)	done 10b. KIND (INDUSTRY	- 10-1	CE (Stote o		intry)		S. A.
	Boston			Ma				ildebra	ndt	
1S. WAS DECEASED EVER (Yes. no. or unknown)	IN U. S. ARMED FOR t yes, give war or dates of s	ervice)	SECURITY NO.	17. INFO	on S.	Lan	dis	Addre Cumberl		Maryland
PART I. DEAT	TH [Enter only one co H WAS CAUSED BY: IMMEDIATE CAUSE (o	Acute :		ricu	lar Faj	lure				INTERVAL BETWEEN ONSET AND DEATH
Canditians, if an	mediate	Myocard:	ial Fibro	sis						?
cause (a), stating t lying cause last.	he under- DUE TO	Coronam	Arterio							3
CATI		·							N IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO.
			OW INJURY OCC							
20c. TIME OF INJURY Hour a. n. p. m.	Month, Day, Yea	While N	OCCURRED 20 lot while l work	foctory,	OF INJURY (H. street, office	ome, farm, bldg., etc.)	20f. (City o	or tawn)	(Co	ounty) (State
21. I certify the alive an Nov	ot I attended the rember 13					8 p.	M, fram	the causes ar	d an the	ist saw the decease date stated aba
ACTUAL SIGNATURE	Punn	Den f	-n /2	M.D.	50		ing St	et, city or town, st Creet	ote)	11/17/58
PHYSICIAN'S NAME (Type)	amuel 4. J							Maryland		
REMOVAL (Specify) Burial 23. FUNERAL DIRECTOR'S	11/19/	58 H	NAME OF CEMETE LILLERS DDRESS		rial	Park	Cumb	7	Ma	(Stote)
	Silcox		land, 1	Mary!			BY REGISTRA		KAK S SIGN	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page hould be detached for use as the burial-transit permit. Then please remove corbon papers. Pager and 2 shauld be filled with the registrar prior to burial, cremation, or removal, and in ony event within 72 hours after death. VS A15 (4) 15M 9/55



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DEPUTY

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DESCRIPTION OF THE PROPERTY OF DESCRIPTION OF W. A. VAR. CHESTON

BLANKEAND STATE DEPARTMENT OF BEAUTIFFE BEATENDER, TO

11966 CERTIFICATE OF DEATH

Reg. Dist. No.

11979

	11000							Keg. Di	1, 140.	
1. PLACE OF DEATH a. COUNTY	Allegan	y	MARYL	- 11	a STATE	(Where decease yland	d lived. If instituti b. COUNTY		egan	
RURAL ond give n		s, write	11/1/58	N 1b			orote limits, write R	URAL and	give neares	t fown)
	rland		1/ -/ /			riganv:	TITO			
	TAL (If not in hospitol, gi Allegany			nary	d. STREET ADDRE	SS				IS RESIDENCE ON A FARM? 'ES NO.
3. NAME OF DECEASED (Type or print)	fin Flor	a	Middle Estella		owery	4. DATE OF DEATH	Novemb		27,	1958
5. SEX Female		7. MARR	DIVORCED		1/22/18	76	9. AGE (In years last birthdoy) 82 yrs.	Months Months		UNDER 24 HRS.
100. USUAL OCCUPATI	ON (Give kind of work d	one 10b.	KIND OF BUSINESS OF	NDUSTRY				12. CIT	IZEN OF V	WHAT COUNTRY
Housewi	king life, even if retired)				Pennsy	lvania			S.	
13. FATHER'S NAME				1.	MOTHER'S MAIL		~7.41			
W	illiam Wi	tt			Ca	therine	e Clite	5		
	ER IN U. S. ARMED FORCE		SOCIAL SECURITY NO.	17. INFO	MANT P.O.	Box 599	Add	ress Cum	berl	and, Mo
(16), no. or unknown)	(If yes, give wor or dates of se	rvice)		Al	legany	County	Infirma			
	ATH [Enter only one country ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	se per lir	ne for (0), (b), and (c).	les	mery	Aup	ofan.	·		AL BETWEEN AND DEATH
Conditions, if a gave rise to cause (a), stoting tying cause lost.	mmediate (Dur TO	1	Gerel	eral	ah	terio	ocler	0000)	3
PART II. OT	HER SIGNIFICANT COND	OITIONS T	ONTRIBUTING TO DEA	TH BUT NO	RELATED TO THE	ERMINAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(o) 19.	WAS AUTOPSY
PART II. OT	Su	cel	6 100	UCU	LOS is					PERFORMED?
200. ACCIDENT W. OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW/INJURY OC	CURRED. (E	nter noture of injut	y in Port I or Por	rt II of item 18.)			
Y 20c. TIME OF INJUI Hour a.m. p. m.	RY Month, Day, Yeo	While	NJURY OCCURRED Not while at work		OF INJURY (Home, street, office bldg		y or town)	(0	County)	(Stote)
21. I certify to alive on 11	hot I attended the 1/26/58	deceose _, 19		deoth oc	100		m the couses of treet, city or town,	and on th	lost sow ne date	the decease stated above DATE SIGNE /28/58
PHYSICIAN'S NAME (Type)	Dr. James	E.	McLean		Cumbe:	rland,	Md.			
220. BURIAL, CREMATIC REMOVAL (Specify	77 70 5		22c. NAME OF CEME Porte		ematory letery		tion (city, town, dman, Pa		#1	(Stote)
23. FUNERAL DIRECTOR		100	ADDRESS			REC'D BY REGIS	TRAR 24b. REGI	STRAR'S SIC	SNATURE	
Harvey I		r H	ndman, Pa	e				Thung S.		
						W 18 1				

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. IS RESIDENCE ON A FARM?

Hours

INTERVAL BETWEEN ONSET AND DEATH

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PERFORMED?

(Stote)

YES 🗍 NO

(Stote)

(County)

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Days

YES NO

Year

19 58

MARYLAND S	TATE DEPART	MENT OF	HEALTH-BA	LTIMORE, 18

11381

CERTIFICATE OF DEATH 11968 Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) MARYLAND o. COUNTY b. COUNTY MARYLAND ALLEGANY LIFGANY b. CITY OR TOWN (If autside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) CUMBERLAND 2 DAYS CUMBERLAND d. NAME OF HOSPITAL MEMORIPARIE 9105891044(23) d. STREET ADDRESS e. IS RESIDENCE 408 FOURTH STREET MEMORIAL & WARWICK AVES. YES NO X NAME OF First Middle 4. DATE Lost Month Yeor 1958 MC CRACKEN 18 CHARLES DEATH NOVEMBER (Type or print) 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 9. AGE (In years last birthday) Months Days Hours WHITE MALE JAN. 16, 1883 WIDOWED [7] DIVORCED [YES 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Brandywine. Delaware 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME H. MC CRACKEN **GEORGE** IDA LEECH 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Mrs. Charles L. Mc Cracken, Cumberland 214-05-6751 no INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) hemic **DUE TO** omender nuchustis Conditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (Stote) factory, street, office bldg., etc.) Hour o. m. While Not while at work of work 21. I certify that I attended the deceased from 11-16, 1952, ta 11-13, 195 That I last saw the deceased , and that death accurred at 8:50 Am, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S WILLIAM P. IAMES NAME (Type)

220. BURIAL, CREMATION, 22b. DATE THEREOF BUT141 11-21-5

22c. NAME OF CEMETERY OR CREMATORY
Hillcrest Burial

22d. LOCATION (City, town, or county)

(Stote)

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

24a. REC'D BY REGISTRAR NOV 2 4 '58

DATE

246. REGISTRAR'S SIGNATURE

Cumberland, Md

James F. Scarpelli, Cumberland, Md

VS A1S (4)

1

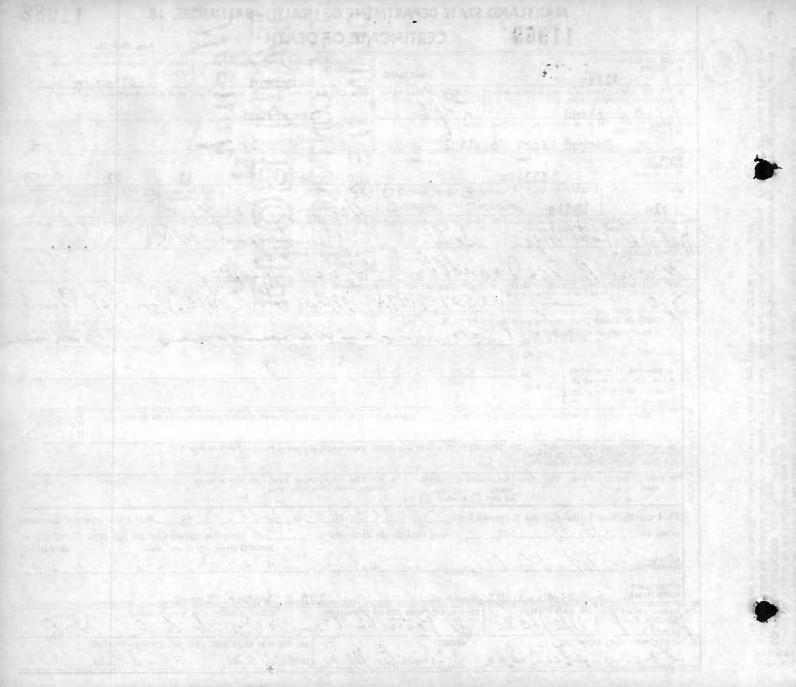
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TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours after death: Page 4

TO FUP

VS A15 (4) 15M 10/57

4							
)	1. PLACE OF DEATH o. COUNTY		44 4 DVI 444D	2. USUAL RESIDENCE (Who		If institution: Resident	ce before admission)
	Allegany		MARYLAND	Marvla			legany
	 b. CITY OR TOWN (If autside corporate RURAL and give nearest town) 	limits, write c. LENG	THE OF STAY IN 16	c. CITY OR TOWN (If or	utside corporate lim		
	Cumberland	1	ye	02 Cumber	and		
	d. NAME OF HOSPITAL (If not in hospite OR INSTITUTION	al, give street oddress)		d. STREET ADDRESS			e. IS RESIDENCE
		art Hospita	1	/ 219 Em	ily Stree	et	ON A FARM? YES NO
	3. NAME OF DECEASED	First	Middle	Lost	4. DATE	Month	Day Yeor
	(Type or print) W1	lliam	C.	Mc Donnell	OF DEATH	11	21 19 58
	5. SEX 6. COLOR OR RA	CE 7. MARRIEDE N	EVER MARRIED	B. DATE OF BIRTH	9. AGE	A Control of the A	I YEAR IF UNDER 24 HRS.
1	Male White	WIDOWED	DIVORCED [Nov 23,	18/6 8	birthdoy) Months	Doys Hours Min.
1	10g USUAL OCCUPATION (Give kind of working life, even it as	ork done 10b. KIND OF	BUSINESS OR INDUS	STRY 11. BIRTHPLACE TSTOLE OF	or foreign country)	m& 12. CITI	U.S.A.
	13. FATHER'S NAME		10	14. MOTHER'S MAIDEN N	M		UaDana
	Michael 10	2 Danne	e	Ducy 1	Lever		
	15. WAS DECEASED EVER IN U. S. ARMED (Yes no. or unknown) (It yes, give war or date)	FORCES? 16. SOCIAL SI	ECURITY NO. 17. 11	NFORMANT /	1 1 Xun	Address	1101
	1/0.	DAVE	1-10144	11/20.11	m. /11/	- Jonn	ell simile,
	18. CAUSE OF DEATH [Enter only on PART 1. DEATH WAS CAUSED 6	/ \ /	(b), ond (c).]	7/	1:	Y	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUS	E (0)	Tours.	how the En	wo / 7 7	1	3.4.2
	4.20.1 DUE	10		112 4	1/2		
	Conditions, if any, which	(b) (c) 20	nary	/wrier	de	course.	5-12
	gove rise to immediate couse (a), stating the under-	TO		/	-		1
	lying couse lost.	(c)	(l	4	THE THE	
	PART II. OTHER SIGNIFICANT	CONDITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE COND	ITION GIVEN IN PART	1(o) 19. WAS AUTOPSY
	S (0-2)	C25 5	/	050			PERFORMED? YES NO D
	PART II. OTHER, SIGNIFICANT C	THI	W INJURY OCCURRED	O. (Enter noture of injury in P	ort I or Port II of its	em 18.)	
	Z 20c. TIME OF INJURY Month, Day,	Year 20d, INJURY OC	CURRED 20e. PL	ACE OF INJURY (Home, form,	20f (City or town	2) 16	County) (Stole)
	Hour o. m.		while for	tory, street, office bldg., etc.)	/ /	, , , ,	(Store)
	21. I certify that I attended	the deceased from	2/4/5	5, 19 , to 11	1/21/52	19 .that []	ast saw the deceased
	alive on 11/21/58	. 19	and that death	occurred at 9 30	/ /		ne date stated above
	10/11	11 80			DDRESS (Street, city		DATE SIGNED
	ACTUAL SIGNATURE	willen		M.D. Csrum	herl	ferel	1 11/21/52
	PHYSICIAN'S NAME (Type) Dr. Dr. ch.	ard William		300 0 0	antan Ot-		/
	220 BURIAL, CREMATION, 22b. DATE THE		ME OF SEMETERY O		enter Str		40.
	REMOVAL (Specify) 11/24	158 13	Patrice	has Class.	Cumb	ity, town, or county)	in Q
	23. FUNERAL DIRECTOR'S SIGNATURE	· ADD	RESS	14 0 240. REC'D	BY REGISTRAR	24b. REGISTRAR'S SIG	NATURE
	Louis Alen	· suc.	works.	MY DATNOV	2 6 '58	arthur 8. 1	Trans



VS A15 (4) 15M 9/5S

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18

11970 CERTIFICATE OF DEATH

11983

									Mag. Disi	. 140.	
	PLACE OF DEATH O. COUNTY ALLEGANY	•		MARYL		2. USUAL RESIDENCE (W a. STATE MARYLAND	Vhere deceased	lived, If institute b. COUNTY		e before or	dmission)
	RURAL and give ne	ND	ts, write	c. LENGTH OF STAY II		c. CITY OR TOWN (IF		ote limits, write R	URAL and gi	ve nearest	town)
	d. NAME OF HOSPIT OR INSTITUTION IEMORIAL HO	VY 24 13	Wi'ck' MORIA	AND		d. STREET ADDRESS				0	RESIDENCE DN A FARM? S NO
	NAME OF DECEASED (Type or print)	Fir DORA	st	Middle E •	М	Lost C ELFRESH	4. DATE OF DEATH	Man NOV	# EMBER	Day 8	Year 19.58
5. 1	FEMALE	6. COLOR OR RACE WHITE	7. MARRI WIDOWE	DIVORCED	-	AUG: 18, 1	900	9. AGE (In years last birthday) 5% yrs.	IF UNDER 1		INDER 24 HRS.
L	during most of work		dane 10b. I	KIND OF BUSINESS OR	INDUST	PETERSBU	JRG, W.	VA.		S. A	HAT COUNTRY?
1.0.	Triller & Trime	PHIL S	MICK			IDA M. L					
		R IN U. S. ARMED FOR	CES? 16. 5	SOCIAL SECURITY NO.	17. INF	ORMANT	LWIJ	Addi	ess		
	70	er yes, give war or dains or p		your	ME	MORIAL HOSE	PITAL	CUM	BERLAN	ID, MA	RYLAND
NOI	PART I. DEA H Q O, I Conditions, if or gove rise to in cause (a), stoting lying couse last.	mmediate but to	Co De P	may emper	TH BUT N	m + ful - thomas OT RELATED TO THE TERM	mme hal	Tem.	EN IN PART	ONSET A	L BETWEEN AND DEATH
CAT	4491)	<									REFORMED?
L CERTIFICATION	(IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OC	CURRED.	(Enter nature of injury in	Part I ar Part	II of item 18.)			
MEDICAL	20c. TIME OF INJUR Havr o. m. p. m.	Y Month, Day, Yea	While	DURY OCCURRED Not while of work	0e. PLAC facto	E OF INJURY (Hame, fari ry, street, affice bldg., et	m, 20f. (City	or tawn)	(Co	ounty)	(State)
	21. I certify the alive an	at I attended the	decease _, 192	~	death o	, 19 <i>5V</i> , to <i>Y</i> ccurred at 8:5		the causes a cet, city ar town.	nd on the		tated abave. DATE SIGNED
	PHYSICIAN'S G	ebrole	m.	SIMONS		Cimb	when	1 ml			
	BURIAL, CREMATION	11/12/-	5-8	Sunset	me.	no. Park.	22d. LOCATI	ON (City, town, o	r county)	n	State
23.	FUNERAL DIRECTOR	tein On	2-	Curl.	20	2 C PATE	P BY REGISTR		TRAR'S SIGN	NATURE aud	

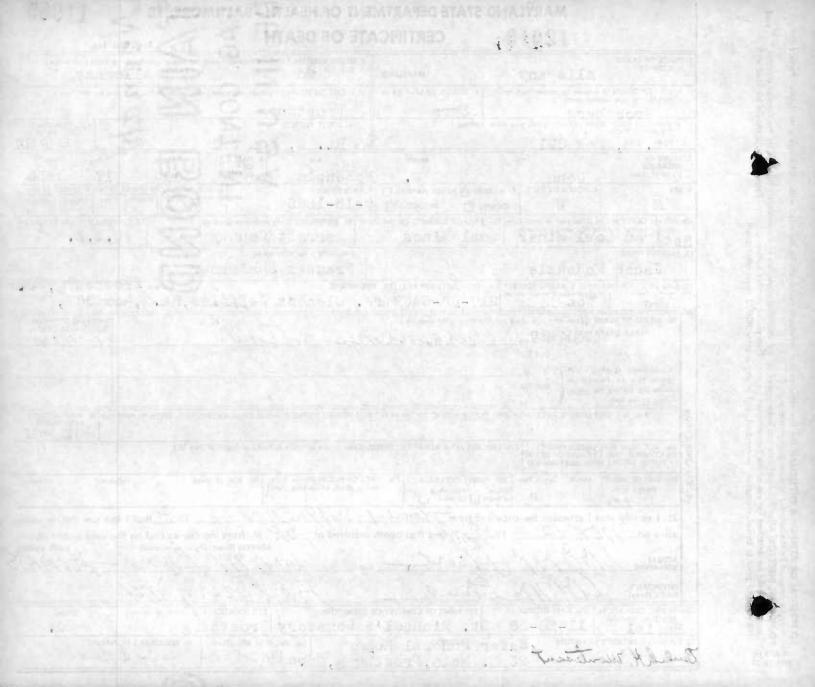
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MARYLAND STATE DEPARTMENT OF REALTHANDRESS 18

	1197	1 CERTIF	ICATE OF DEA	ATH	Reg. Dist.	11984
1. PLACE OF DEATH a. COUNTY	legany.	MARYL	C STATE	(Where deceased lived.	If institutions Residence COUNTY	before admission)
Cumb	rland	Life.	102 Cumi	VIII autside corporate limi	ils, write RURAL and gi	respective (print)
d. NAME OF HOSPI OR INSTITUTION	TAL (Il not in hospital, give stre	set address)	d. STREET ADDRE	Forte	St	e. IS RESIDENCE ON A FARM? YES NO 2
3. NAME OF DECEASED (Type or print)	Charles	Pudisil	1 ME Ferra	4. DATE OF DEATH	You.	Day Year 1958
Male	White WIDO	ARRIED DEVER MARRIED WED DIVORCED	1 Jug 18,	1881 07	birthday) Manths D	YEAR IF UNDER 24 HRS. Days Haurs Min.
etres	ON (Give kind of work done)(ching life, even if refrech nanogulation	Ob. KIND OF BUSINESS OR	Cum	berland.	MQ. 12. CITIZ	S.A.
alexa-	der ms	Ferran	anni	e athe	4.	
(Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 214-05-648	7 mm C	P. molt	Forsier (runt. M.
	ATH [Enter only one cause per ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	of folds. (b). and (c).]	wary It	Sombra	2.0	INTERVAL BETWEEN ONSE! AND DEATH
Conditions, if a gave rise to couse (o), stating lying cause last.	the under DUE TO	overior	Aleration	andiov	wales	Direct Vi
PART II. OT	HER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE	TERMINAL DISEASE COND	ITION GIVEN IN PART	1(a) 19. WAS ALDOPSY PERFORMED? YES NO
	AS UNDERLYING [] 20b. D G [] CAUSE OF DEATH Y MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCC	CURRED. (Enter nature al inju	ry in Part I ar Port II of ite	em 18.)	
20c. TIME OF INJU Haur G. m. p. m.	Wh		Oe. PLACE OF INJURY (Hame factory, street, affice bldg	, form, 20f. (City ar tawn)., etc.)	n) (Co	iunty) (State)
21. I certify to alive on	hat I attended the dece	00/	leath occurred at S		causes and on the	ist saw the deceased e date stated above DATE SIGNED
PHYSICIAN'S NAME (Type)						
220 BU IAL, CREMATH	11/18/58	Rose dell	Mensalem	22d. LOCATION (CI	berland	State) &
23. FUNERAL DIRECTOR	Steri Inc	ADDRESS Cum	I MA A	REC'D BY REGISTRAR NOV 1 9 '58	246. REGISTRAR'S SIGN	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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			American Company
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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		MARYL		ms 8,9 Fil	LmGZ	ENT OF HEALT	et	TIMORE, 1	8	1	1987
		11	97:	CERTI	FIC	ATE OF DEAT	Н		Reg. Di	st. No.	
1. PLA o. C	CE OF DEATH	ANY		MARY	LAND	2. USUAL RESIDENCE (VO. STATE WEST		d lived. If instituti			ission)
		f outside corporate limit	s, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (I		orate limits, write R	WRAL and	give nearest to	wn) 🗸
		^LMEMORIAL 1				d. STREET ADDRESS 598 W. I	HARRISC	N STREET			ESIDENCE A FARM?
3. NAJ DEC (Typ	ME OF CEASED be or print)	Fin Ol	AL	Middle C		METCALF	4. DATE OF DEATH	NOVEMB		Day 12	Yeor 1958
5. SEX	EMALE	6. COLOR OR RACE WHITE	7: MARE	RIED NEVER MARRI		B. DATE OF BIRTH JAN. 10	1908	9. AGE (In years lost birthdoy) 50 yrs.	Months	Days Hou	
10a. U:	SUAL OCCUPATION FOR MORE	ON (Give kind of work oking life, even if retired)	lone 10b.	KIND OF BUSINESS C	OR INDU	ISTRY 11. BIRTHPLACE (SIG		country)		J.S.A.	AT COUNTRY?
13. FAT	THER'S NAME					14. MOTHER'S MAIDEN	NAME				
						MINNIE	FOUTZ				
		R IN U. S. ARMED FOR (If yes, give wer or dates of s		SOCIAL SECURITY NO). 17.	MEMORIAL HOS	SPITAL		BERLAI	ND, MD.	
90		mmediate (DUE TO	,Ca	ne for (o), (b), ond (c).) m	carry	Be-Su	lris ngang	0/2	INTERVAL ONSET AN	BETWEEN ND DEATH
CERTIFICATION											
	ACCIDENT WAR CONTRIBUTING FEITHER, NOTIFY	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER	20b. DES	CRIBE HOW INJURY C	OCCURR	ED. (Enter noture of injury	in Port I or Po	ert II of item 18.)			
MEDICAL 30	C. TIME OF INJUI Hour a. m., p. m.	Y Month, Doy, Ye	While	NJURY OCCURRED Not while th of work	20e. P	LACE OF INJURY (Home, for octory, street, office bldg.,	orm, 20f. (Ci etc.)	ly ar town)	(County)	(Stote)
21 G Ai Sii	1. 1 certify the live on	THOMAS F.	12	58, and that	7 t deat	, 1958, to h occurred at 0:2			and an t		ne decease ated above DATE SIGNE
Bu	URIAL, CREMATIC EMOVAL (Specify	11/15/	58	22c. NAME OF CEN	METERY O		M	ATION (City, town.	or gounty)	I	md
23. FU	NERAL DIRECTOR	a - W	est	antroi	t	Tarell	OV 1 7	/	Thung S.		

	ATE OF DEATH	DIALTERS - CERTIFIC		
The second second	Total Interest	i i		
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TO THE REAL PROPERTY.	Mark 1981			THE SECTION AND ADDRESS OF THE SECTION ADDRESS OF THE SECTION ADDRESS OF THE SECTION AND ADDRESS OF THE SECTION ADDRESS
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				NAME OF THE OWNER OWNER OF THE OWNER
		The state of the s		
		VERGI	A DESCRIPTION F.	and the same
			100-007	

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11988

20	1	1	CERTIFICATE OF DEATH
			O HEHAL PECIPENCE AND

Reg. Dist. No.

. [
	o. COUNTY	legany	MARYLAND	O STATE	here deceased lived. If institution: Reside b. COUNTY AL	legany				
	RURAL and give ne	outside corporote limits, arest town)	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write RURAL and					
/	OR INSTITUTION	ners Hosp:		d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO					
	3. NAME OF DECEASED (Type or print)	Isabella		Morgan	4. DATE Month OF DEATH NOVEMber	Doy Yeor 28 1958				
	5. SEX Female	White w	IDOWED DIVORCED		, 1897 60 yrs. Months	R 1 YEAR IF UNDER 24 HRS. Days Hours Min.				
	House	N (Give kind of work doning life, even if retired) WOPK	Own Home	Lonacon	ing, Maryland	U.S.A.				
	13. FATHER'S NAME	Tahn II Da	4-114-1-	14. MOTHER'S MAIDEN						
		ohn H. Re		Mary	Ann Toll					
)	Yes no. or unknown)	If yes, give war or dates of service	(e)		llick Gilmore	. Md.				
1	PART I. DEA	TH [Enter only one couse TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line for (a), (b), and (c).]	Ocelus	"Brother"	INTERVAL BETWEEN ONSET AND DEATH				
	Conditions, if or gove rise to in	nmediate	arterioscle	iosis		years				
	couse (o), stoting the under-lying couse lost. DUE TO (c)									
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO									
	U (IF EITHER, NOTIFY	S UNDERLYING 201 CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in	Port I or Part II of item 18.)					
	Y 20c. TIME OF INJURY Hour a. m. p. m.			ACE OF INJURY (Home, for ctory, street, office bldg., etc		(County) (State)				
	21. I certify the	at I attended the de	0	, 19.56, ta		last saw the deceased				
	alive an	00 25	1958, and that death	accurred at 2	M, fram the causes and an tagget (Street, city or town, state)	the date stated above. DATE SIGNED				
,	SIGNATURE	sling.	Yhuly p.	M.D. 51 /Y	NAIN ST	DEC. 1,198				
	PHYSICIAN'S LE	SLIE R. M	ILES JR!	LONA	CONING	MD.				
	270. BURIAL, CREMATION REMOVAL (Specify) Rurial	12/1/58	22c. NAME OF CEMETERY OF Memorial I		22d. LOCATION (City, town, or county)	(State)				
	23. FUNERAL DIRECTOR'S		ADDRESS		D BY REGISTRAR 24b. REGISTRAR'S SI	IGNATURE				
	George E	ichhorn	Lonaconing, 1	Md. DATE C	3 '58 arthur S. H	raus				

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	Particular properties and accommodate	Appendix 1 March		

in by the funeral director, ed 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.: Page 4 may be retained by the haspital ar attending physician. Yellow at Directors After this certificate has been signed by the attending physician and campletely fill, and have a prosecular to the prosecular prosecular prosecular prior to burial, cremation, ar remaval, and in any event within 72 hours offer death.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11975 **CERTIFICATE OF DEATH**

11990

	1100	47	CERTIFIC	CAI	E OF DEAT	П		Reg. Dis	st. No.		
1. PLACE OF DEATH				2.	USUAL RESIDENCE (V	Vhere deceas		on: Residen	ce befo	re admiss	sion)
ALLEG	ANY		MARYLAN	D	MARYTANI)	b. COUNTY	ALLE	GAN	Y	
b. CITY OR TOW	N (If outside corporate lin	nits, write	c. LENGTH OF STAY IN 1	ь	c. CITY OR TOWN (IF	outside corp	orole limits, write R		CHARAST.		n)
CUMBERI	e negrest town)		5 DAYS	C	2 CUMBERI	LAND					
d. NAME OF HO	SPITAL (If not in hospital,	give street	address)		d. STREET ADDRESS		_=	1,8571		e. IS RES	SIDENCE FARM?
	HEART HOSP	ITAL			108 1	DECATU	RST.				NO [
3. NAME OF DECEASED	F	irst	Middle		Lost	4. DATE	Mon	th	Do	y	Yeor
(Type or print)	ANNA		MARGARET]	NAUGHTON	OF	NOV.	4			19 58
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	- 1			9. AGE (In years lost birthday)	IF UNDER		-	1"
FEMALE	WHITE	WIDOW	ED DIVORCED	AU	3. 31, 1882	2	76 yrs.	Months	Doys	Hours	Min.
Oa. USUAL OCCUPA	ATION (Give kind of work working life, even if retire	done 10b.	KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (Stot	e or foreign	country)	12. CIT	IZEN C	F WHAT	COUNTRY
	ne oper.		elephone Co	٥.	MARYLA	ND		U	SA		
13. FATHER'S NAME				1.	MOTHER'S MAIDEN			The Late			
WILLI	AM NAUGHTON	(DEC	EASED)		MARY J	. COVE	NEY (DECE	ASED)			
15. WAS DECEASED (Yes, no. or unknown)	EVER IN U. S. ARMED FO			7. INFO	RMANT		Addi	ress			
No			12 10 0134		PATIENTS (CHART					
	DEATH [Enter only one of		ne for (o), (b), ond (c).]	0						ERVAL BE	
PART I.	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Causes of the lucion										DEATH
170 X	DUE TO	0	/							9	
Conditions, i		(b)									
gove rise to couse (a), stati	immediate (Energy Strong							900	
lying cause lo		(c)									
PART II.	OTHER SIGNIFICANT CO	NDITIONS	CONTRIBUTING TO DEATH	BUT NO	RELATED TO THE TERM	MINAL DISEA	SE CONDITION GIV	EN IN PART	T 1(o) 1	9. WAS	AUTOPSY DRMED?
EA .											NO 🗌
PART II. 200. ACCIDENT OR CONTRIBUTI UIF EITHER, NOT	WAS UNDERLYING A	20b. DES	CRIBE HOW INJURY OCCUI	RRED. (E	nter noture of injury in	Port I or Po	ort II of item 18.)	HE TO			
	IFY MEDICAL EXAMINER)										
20c. TIME OF IN		ear 20d. II While		PLACE	OF INJURY (Home, for street, office bldg., et	m, 20f. (Cit	ty or town)	(0	County)	-	(Stote)
p.	10	of wor	k ot work	,							
21. I certify	that I attended the	e deceas	ed from 10 -	2-9	, 1958, ta	11- 5	-, 1958	.that []	ast so	w the	decease
alive an	10-3-	195	F, and that dec	ath ac	curred at 4:40	OAM, fra					
	.0 1	-0					Street, city or town,				ATE SIGNE
ACTUAL SIGNATURE	1 /322	22-50		M.D.							
BUYERELANDE		3			-4-				_		
PHYSICIAN'S T	EWIS BRINGS	, M.D	•		57 GREE	NE ST.	, CUMBERL	AND, M	D.		
220. BURIAL, CREMA	TION, 226. DATE THERE		22c. NAME OF CEMETERY			22d. LOC/	ATION (City, town, o	or county)		(Stat	e)
Bur 13	I' Nov. 7, 1	-958	St. Patrio	cks	Cemetery	Cur	nberland	, Md	•		
23. FUNERAL DIRECT			ADDRESS	XX	8.00	D BY REGIS		STRAR'S SIC	NATUR	RE	
Byron K:	ight Cu	mper	land, Md.		DATE	JY 6 '5	58	1 - 0	1-		

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CERTIFICATE OF DEATH

Reg. Dist. No.

	1. PLACE OF DEATH				2.	USUAL RESIDENCE	E (Where dec	eased lived	. If institution	on: Residen	ce befor	e admiss	ion)
	o. COUNTY	legany		MARYLA	UND	o. STATE Mary	yland		. COUNTA	lleg	any		
	RURAL and give n	f outside corporate limit earest town)	s, write c.	LENGTH OF STAY IN	1 16	c. CITY OR TOWN	(If autside c		nits, write R	URAL ond	give nea	rest town)
	d. NAME OF HOSPIT	AL (If not in hospital, gi	ive street odd	ress)	1	d. STREET ADDRE		-				e. IS RES	DENCE
	OR INSTITUTION	iners Hos	pital		1	Vatercl:	iffe :	stre	e t.		4		FARM?
	3. NAME OF DECEASED	Firs	1	Middle		Last	4. DA		Man	th	Do	y 1	/ear
	(Type or print)	CHARLES		JACKSON	7	NINE	DE	ATH 1	1/5/1	958			9
	5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	□ B. D.	ATE OF BIRTH		9. AG	E (In years	IF UNDER			
1	MALE	White	WIDOWED [DIVORCED		Tuly 25	th. 18	379	79 yrs.	Months	Days	Hours	Min.
The second	10o. USUAL OCCUPATION during most of wor	ON (Give kind of work d king life, even if retired)	lone 10b. KIN	D OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (State or forei	gn country)		12. CI1	IZEN O	F WHAT	COUNTRY?
		3 - 7 -	liner			Elking	3. W	Va		U	s.	A.	
	13. FATHER'S NAME		7 - 1		14	. MOTHER'S MAID							
		n Nine				Vir	ginia	Hol:	land				
	15. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FORG		CIAL SECURITY NO.	17. INFO	MANT			Addi	ess			
	No				Mis	s Jenn:	ie Ni	ne, I	Lonac	onin	g.	MD.	
		TH [Enter only ane cau	6 .	or (e). (b). and (c).]		(1	Daugh	ter)	٨			RVAL BE	
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Cera	ebrul v	asce	elac G	lecis	len	-			4 h	our
	1547	DUE TO	1			,							
	Conditions, if o		telle	moscle	1051	5	-				K	ear	4
	couse (o), stoting		0	0 00 4 0	(1)	SIL	+				10	55	
	lying couse lost.	(c)	VITIONIS CON			1 160		21			1		ws.
)	5 Ulne	HER SIGNIFICANT CONE	OTTIONS CON	IRIBUTING TO DEAT	H BOL NO	KELAJED TO THE T	EKMINAL DIS	EASE CON	DITION GIV	EN IN PAR	T 1(o) 15	PERFO	NO D
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIB	E HOW INJURY OCC	URRED. (Er	iter noture of injur	ry in Port I or	Port II of i	tem 18.)				
	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yea	r 20d. INJUI While of work	Nat while	De. PLACE (foctory.	OF INJURY (Home, street, office bldg.	form, 20f.	City or tow	/n)	(0	County)		(State)
	21. I certify th	at I attended the	deceased	from Ina		, 1956, to	Nov.	5	195	that I	last sa	w the	deceased
	alive on	N S	, 19 5	&_, and that d	eath acc	curred at 4	D_M, f	rom the					
	0	000	10 7						ty or town.		14		TE SIGNED
	ACTUAL SIGNATURE	sleek	. YILL	len d	6 M.D.		-300				NIC	חר.	6 450
	PHYSICIAN'S L	ESLIE	R-M	LILES.	1P.	7	Some	52	ner	1. 1.C/		me	1.
	22a. BURIAL, CREMATIO REMOVAL (Specify)	N, 226. DATE THEREOF	22	c. NAME OF CEMETE	RY OR CRI	MATORY	22d. LC	CATION (ity, town, o	r county)		(Stote)
	Burial	11/8/19	58	Memorial	l Par	k		ros	burg	. MD			
	23. FUNERAL DIRECTOR	S SIGNATURE ETCHHORN	TAST	ADDRESS	M	240.	REC'D BY RE	SISTRAR 2 '58	24b. REGIS			_	
	GEORGE I	TOTHIOTH.	LUNI	ACON ING,	MD.	DATE	NOV 1	2 30		rthur _	s. 1W	W/B	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.

O FURY AL DIRECTOR: After this certificate has been signed by the attending physician and campletely filly page the detached far use as the burial-transit permit. Then please remave carban papers. Pages the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs after death. TO FUNS VS A15 (4) 1SM 10/57

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CERTIFICATE OF DEATH

Reg. Dist. No

										g. Dien		
1. P	PLACE OF DEATH D. COUNTY	Alleg	any	MAR	YLAND	2. USUAL RESI	Mary	ere deceased live	d. If institution b. COUNTY	Residence b		ssion)
Ь	RURAL and give ne	outside carporate limit arest town) nberland	s, write	c. LENGTH OF STAY 5yr; 10mo;		11		utside corporate erland	limits, write RU	RAL and give	nearest taw	rn)
d	d. NAME OF HOSPIT OR INSTITUTION	Al (If not in hospital, gi Sylvan Re				d. STREET A		Lena Sti	reet		ON	SIDENCE A FARM? NO
3	NAME OF DECEASED (Type or print)	Firs Meli		May		O'Bria		4. DATE OF DEATH	Month		Doy 23	Yeor 19 58
S. S	Female	W W A A	7. MARI	RIED NEVER MARR		B. DATE OF BIRT		5 9. A		Months Day		DER 24 HRS. Min.
	Housewi:	N (Give kind of wark ding life, even if retired)	ane 10b.	. KIND OF BUSINESS (OR INDU	Ma	rylan	d	y) 		OF WHA	T COUNTRY?
13. 1	FATHER'S NAME	Villiam Cla	rk.			14. MOTHER'S	MAIDEN N		garet H	owell		
	WAS DECEASED EVE	R IN U. S. ARMED FOR	ES? 16.	SOCIAL SECURITY NO). 17. I	NFORMANT		1432 8	Addre			
(Tes,	no. or unknown)	If yes, give war or dates of se	rvice)	None	Mr	rs. Rosa	Evan	a, 447	Lena S	t, Cur	nb.,	Md.
OK	20a. ACCIDENT WA	mediate DUE TO (c) ER SIGNIFICANT CONE S UNDERLYING CAUSE OF DEATH	ra	22 Page 50 Gill CONTRIBUTING TO DE CONTRIBUTING TO DE CONTRIBUTING TO DE CONTRIBUTION PORTOR DE CONTRIBUTION PORTO	plu	ism.	7 le	Al ka	rus	from N IN PART 1(c	PERF	AUTOPSY ORMED?
I = I	(IF EITHER, NOTIFY 20c. TIME OF INJUR Haur a. m. p. m.	MEDICAL EXAMINER) Y Month, Day, Yea 19	While	Not while	20e. PL fo	ACE OF INJURY (ctary, street, affice	Hame, farm, bldg., etc.	20f. (City or t	own)	(Caur	nty)	(State)
	alive on ACTUAL SIGNATURE PHYSICIAN'S	at I attended the	7. 12.	28 Lead that	16 1.	occurred at	9 30	AM, from the storest, seemed to Cur	e causes ar	nd on the	date stat	
22a.		22b. DATE THEREO 11/26/5	F	Abe Cem		R CREMATORY		22d. LOCATION		caunty)	Va.	He)
23. 1	John J.	SIGNATURE Hafer, Cu	mbei	ADDRESS rland, Md.				BY REGISTRAR V 2 8 '58	24b. REGIST	RAR'S SIGNA		

TO FUNE VS A1S (4) 1SM 10/57

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MARYLAND ST	STATE DEPARTMENT	OF HEALTH-	-BALTIMORE, 1
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11978 CERTIFIC

CERTIFICATE OF DEATH

8 11994 Reg. Dist. No.

1.	PLACE OF DEATH O. COUNTY ALLEGAN	1Y		MARYL		o. STATE	YLAND	ere deceased	lived. If instituti b. COUNTY		LEGAL	
	B. CITY OR TOWN (III	outside corporate fimi orest fown) AND	ts, write	c. LENGTH OF STAY IN	1 16	c. CITY OR T		etside corpora ERLAND	ite fimits, write R	RURAL and giv	re nearest	fown)
	d. NAME OF HOSPIT. OR INSTITUTION MEMORIAL	& WARWICK	HOSP	ttal		d. STREET A		ORIAL	AVENUE		e. IS C YE	RESIDENCE ON A FARM? S NO X
3.	NAME OF DECEASED (Type or print)	Fir	AMES	Middle Edward		PATTE		4. DATE OF DEATH	Mor NOVE MBE		Doy 26	Yeor 19 58
5.	MA LE			RIED NEVER MARRIED		DATE OF BIRTI			AGE (In years last birthdoy) 87 yrs.	Months D		JNDER 24 HRS, Durs Min.
10	. USUAL OCCUPATIO	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS OR Kelly Tire (or foreign cou			EN OF W	HAT COUNTRY
13	FATHER'S NAME AARC	N FRANCIS	PATT	ERSON		14. MOTHER'S EMMA	MAIDEN N					
15		IN U. S. ARMED FOR If yes, give war or dates of s		SOCIAL SECURITY NO.		ORMANT OR LAL	HOSPI	TAL,	Add CUMBERLA		RYLA	ND
		TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO		in for (a): (b), and (c).	ni	a)	Tef.	The co	tig			AL BETWEEN AND DEATH
CERTIFICATION	PART II. OTH			CONTRIBUTING TO DEAT	H BUT N	OT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GIV	VEN IN PART	PI	VAS AUTOPSY ERFORMED?
	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED.	(Enter noture o	f injury in P	Port I or Port I	l of item 1B.)			
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Ye	While			E OF INJURY (ry, street, office			or town)	(Co	ounty)	(Stote)
	21. I certify the alive on	RICHARD J.	19	Mean	leath o	122	50. C	AM, from	the causes of the courses of the causes of the cause of the causes of th	and an the		the deceased tated above pare symmetry
22	BURIAL, CREMATION REMOVAL (Specify)	11/29/58		22c. NAME OF CEMET Hillcrest			k		ON (City, town, erland,			(Stote)
23	H. Wayne		mber	ADDRESS land, Md.			24a. REC'E	D BY REGISTR		STRAR'S SIGN		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

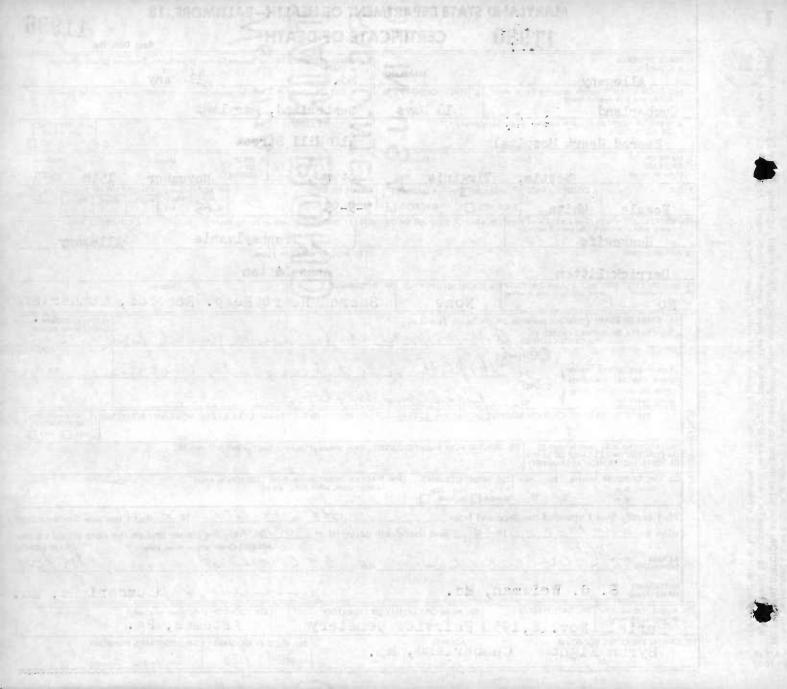
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1	MARYLAND 11980		ENT OF HEALTH—BATE OF DEATH	ALTIMORE, 18
De la	1. PLACE OF DEATH o. COUNTY Allegany	MARYLAND	2. USUAL RESIDENCE (Where deco	b COUNTY
funeral	b. CITY OR TOWN It outside corporate limits, write RURAL and give nearest town) Cumberland	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside c	orporote limits, write RURA
by the	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Sacred Heart Hospital	oddress)	d. STREET ADDRESS	t

11996

Reg. Dist. No.

1.	g. COUNTY	anv		MARY		o. STATE	DENCE (Whe	ere deceased	b COUNTY		nce befor	re admiss	sion)
		outside corporate lim	its, write	c. LENGTH OF STAY	IN 1b		TOWN (If ou	utside corpor	ote limits, write R		give neo	rest town	1)
	Cumberlan			16 Day	8	Cumber	cland.	Mary!	Land				
		AL (If not in hospital,	give street oc			d. STREET A						e. IS RES	IDENCE
-		Heart Hosp	ital			410 H	ill St	reet					FARM?
3.	NAME OF	î Fi		Middle		Los	st	4. DATE	Mon	th	Da		Yeor
	(Type or print)	Nettie	. Vi	rginia		Potts	70	OF DEATH	Novemb		15t		1958
S.	SEX			D NEVER MARRIE	ED B.	DATE OF BIRT	Н		9. AGE (In years lost birthday)				ER 24 HRS.
1	Female	White	WIDOWED			-9-93		10.00	65 yrs.	Months	Doys	Hours	Min.
10	a. USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	done 10b. Kl	IND OF BUSINESS O	R INDUSTR	Y 11. BIRTHPL	ACE (Stote o	or foreign co	untry)	12. CI	TIZEN O	F WHAT	COUNTRYS
1	Housew		"				Pen	nsylva	ania		477	gany	7
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME			STATE OF	Part	
1	Derrick	Litten				Am	na Lat	ten					
15.	WAS DECEASED EVER		CES? 16. SC	OCIAL SECURITY NO	. 17. INF	DRMANT			Add	ress			
1	No	ir yes, give war or adies or s	ervice)	None	Sa	acred	Heart	t Hos	p. Reco	ords	, Cu	umbe	rland
	18. CAUSE OF DEA	TH [Enter only one co	ouse per line	for (a), (b), and (c).	1						LINTE	RVAL BE	ZWPK A
	PART I. DEAT	TH WAS CAUSED BY:	ad	esorlas		Carde	0-100	anda,	bered of	1	ONS	ET AND	DEATH
	442X	IMMEDIATE CAUSE (d	0		- a		- ac	cercity	1 das a	Noe	00	/ 0	The
	Conditions, if ar		14	e ho.de.		000			IN rena	00.			
	gave rise to in	nmediate (1 Justice			-	seen	N Pour	any	Dank	2	in fr
	lying cause last.	he under-	· f	Dubek	20 6	nelle	ta.						
Z		ER SIGNIFICANT CON	IDITIONS CO	INTRIBUTING TO DEA				JAI DISEASE	CONDITION GIV	EN IN PAR	PT 1/01 19	2 WAS	ALITOPSY
CERTIFICATION	260X	Obesit	3						CONDINONON	214 114 7 77	1,(0)	PERFO	RMED?
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	RIBE HOW INJURY OF	CCURRED.	Enter nature o	f injury in Po	art I or Part	II of item 18.)				
CAL		Month, Doy, Ye			20e. PLACI	OF INJURY	Home, farm,	20f. (City	or town)	((County)		(State)
MEDI	Hour o. m. p. m.	19	While of work [Not while at work	Ideloi	y, street, office	e blag., etc.)						
	21. I certify the	at I attended the	deceased	1 fram		1948	to /5	No	V , 195	that I	last sa	u the	deseased
	alive an 1	4 NOV	195	1/		/ ''	, .0	And from	the causes o	_,IIIGI 1	1031 20	w me	deceased
	dive dil	10		, and mar	dedili d	ccorred di			eet, city or town,		ne aar	e state	ed abave.
	ACTUAL SIGNATURE	Helive	esce	edu	M.I	59	-	eene			,	1/15	158
	PHYSICIAN'S S	G. Weis	man,	Ma.		Cu	embe	Mai	I, hec	6 um	oer]	and	, Ma
220	BURIAL, CREMATION REMOVAL (Specify) Burial	Nov. 18		22c. NAME OF CEME		REMATORY netery			temas,			(Stote	e)
23.	FUNERAL DIRECTOR'S	ŞIÇNATURE		ADDRESS	Ma		24a. REC'D	BY REGISTR	AR 24b. REGIS	TRAR'S SI	GNATUR	E	
	Byron	Kignt	Cum	perland,	Ma.		DATENOV	1 7 '58	Cal	hung &	#		
									2000	- A.	1 Mall	4.	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18

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	in a growth mail \$5. C. E Services	rank of heart and the special behavior of the same of the

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	11	382 CE	ERTIFICA	ATE OF DEATH			Reg. Dist. N	ło.
a. COUNTY	Allegany		MARYLAND	2. USUAL RESIDENCE (Who o. STATE Mary)		b. COUNTY	Alleg	
b. CITY OR TOWN RURAL and give Cumber	(If autside carporate limits, nearest tawn)	write c. LENGTH 0	F STAY IN 16	c. CITY OR TOWN (If or	orside corporate erland		JRAL and give	nearest tawn)
d. NAME OF HOSP OR INSTITUTION	Allegany C		(irmar	d. STREET ADDRESS 4 422 Frai	nklin	Street		e. IS RESIDENCE ON A FARM? YES NOT
3. NAME OF DECEASED (Type or print)	First Lewi	S	Middle	Rase	4. DATE OF DEATH	Novemb		Day Year L7, 1958
s. sex Male	White	MARRIED NEVER	MARRIED	8. DATE OF BIRTH 8/5/1863	9.	AGE (In years lost birthdoy) 95 yrs.	Manths Day	AR IF UNDER 24 HRS. 'S Hours Min.
Retired-	rking life, even if retired)	10b. KIND OF 8USI		STRY 11. BIRTHPLACE (State of Maryland	d Eckh			S. A.
13. FATHER'S NAME	Conrad			Sophie	Barte			
(Yes, no. or unknown)	ER IN U. S. ARMED FORCE Iff yes, give war or dates of servi			Allegany Co				erland, Mo
	ATH (Enter only one coust ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO any, which)	Per line for (o), (b), (c)	loog (c).]	eo ma	creek	diti	10000	NTERVAL BETWEEN NSET AND DEATH
gave rise ta cause (a), stating lying cause last	immediate DUE TO	Chr	6716	repi	hreb	50	1	?
200. ACCIDENT W	Seco	ele d	chr	NOT RELATED TO THE TERMI	0		EN IN PART 1(o	19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJU	JRY Manth, Day, Year	20d. INJURY OCCUR! While Not while at wark at work	1 6-	ACE OF INJURY (Home, farm ctary, street, affice bldg., etc.		tawn)	(Caun	ty) (State)
	that I attended the d 1/15/58 Dr. James	eceased from , 19 , and	La	occurred at 3:251	ene St	the causes a	nd an the	saw the deceased date stated above DATE SIGNET
220. BURIAL, CREMATI REMOVAL (Specif	ON, 226. DATE THEREOF 11/19/58		of CEMETERY C art Cem			N (City. town, ort, Mar		(State)
3. FUNERAL DIRECTO	r's SIGNATURE fer, Cumber	land, Mary	land		N 1 0 158		TRAR'S SIGNA	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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			13/35/55
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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	18
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11983 CERTIFICATE OF DEATH

11999 Reg. Dist. No.

1	. PLACE OF DEATH	2.	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)										
	Allegany MARYLAND					o. STATE Haryland b. COUNTY Allegany							
	b. CITY OR TOWN (If RURAL and give ned	outside carporate limi	V 16										
	Cumberland Cumberland				C	O2 Cumberland							
	d. NAME OF HOSPITA OR INSTITUTION		d. STREET ADDRESS e. IS RE							DENCE FARM?			
	740 N. M		220 Beall St.						YES NO				
3	NAME OF DECEASED	Fir	rst	Middle		Las		4. DATE OF	Mar	th	Day	,	Year
	(Type or print)	Harry		Wilson	Ree	d		DEATH	Nov. 1	7.		1	9 58
5	. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	8. D	ATE OF BIRTH	1		9. AGE (In years last birthday)	IF UNDER Months			-
L	Male	White	WIDOW			ec. 30	. 1889	9	68 yrs.	Manins	Days I	daurs	Min.
1	Da. USUAL OCCUPATION during mast af warking	N (Give kind of work ng life, even if retired	dane 10b.	. KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPL	ACE (State o	ar fareign c	ountry)	12. CITI	ZEN OF	WHAT	COUNTRY
13	etired Ware	tired Warehouse man Wholesale grocery					y W. Va.						A.
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME													
)L	W. Scot	t Z Reed				Mar	y C. I	Levi					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unknown) (If yes, give wor or dotes of service)													
	No	, ,	-	14-05-5798	Miss	Dorot	hy Rec	ed.	220 Bea11	St.			
	18. CAUSE OF DEAT	TH [Enter anly ane co	use per li	ine far (a), (b), and (c).	. /	,							TWEEN
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Concey of the Stone of								ONSET AND DEATH				
	151X DUE TO												
	Canditians, if an	y, which) (b				/							
	gave rise to im cause (a), stating th	mediate (
Н	lying cause last. (c)												
1													
1													NO []
CEOTIEICATION	20g. ACCIDENT WAS	UNDERLYING	20b. DES	CRIBE HOW INJURY OC	CURRED. (E	nter nature a	injury in P	art I ar Par	t II of item 18.)				
		MEDICAL EXAMINER)											
MEDICAL	20c. TIME OF INJURY	Manth, Day, Ye			Oe. PLACE	OF INJURY (lome, form,	20f. (City	ar tawn)	(C	aunty)		(State)
1 2	Haur a.m. p. m.	19	While at war	rk at wark	rociury	, street, affice	bidg., etc.	'					
	21. I certify that I attended the deceased from 4-3-, 1956, to 11-12-, 1958, that I last saw the deceased												
Г	olive on//	-17-	19				140%)					
	alive an, 1958, and that death accurred atM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED												
	ACTUAL	4. /322	ne		M.D.	5	7	een.	11.				
			0 0						- 0	****			11.
	PHYSICIAN'S NAME (Type)	EHIS 1	3/	1116		57	G-KE	EN	E(). Lu	whee	luz.	4/1	Mul
2	REMOVAL (Specify)	, 226. DATE THEREC	F	22c. NAME OF CEMET	ERY OR CR	REMATORY		22d. LOCA	TION (City, tawn, o	or county)		(State)
L	Burial	Nov. 21.1	1958	S. S. Pete:	r & P	aul Ce	m.	Cumbe	erland. N	Id.			
23	FUNERAL DIRECTOR'S		0	ADDRESS		- 11		BY REGIST		STRAR'S SIG	NATURE		
L	Charles I	. George,	Cun	berland, Md	•		DATEOV :	2 1 '58	anth	w 8. H	ward.		
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CONTROL ENGINEERING TO THE PARTY OF THE PART the state of the s MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

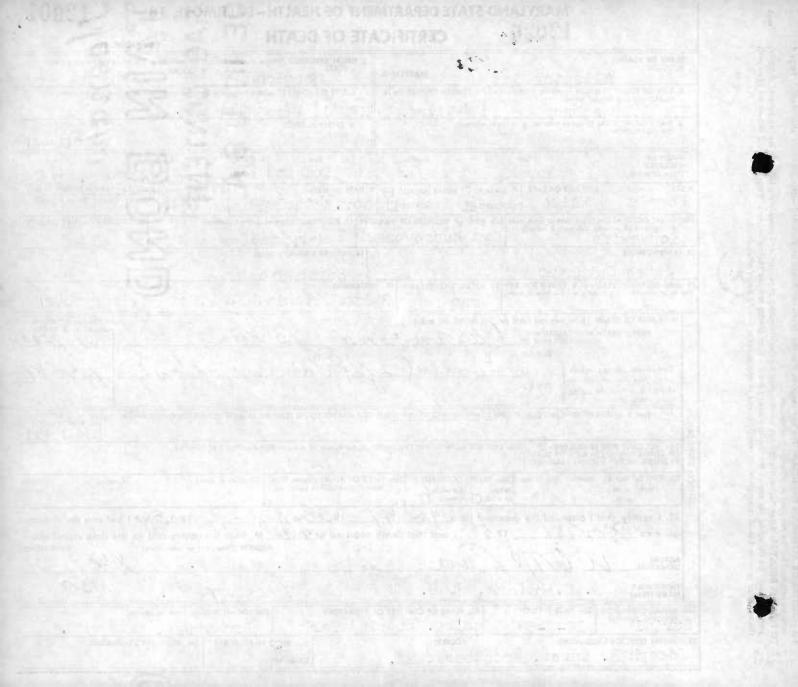
13.23. - The state of the an all rathing state art his because it our our David Table The his wast should reflect the College

VS A1S (4) 1SM 10/S7

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12026

CERTIFICATE OF DEATH

								Reg. Dist.	No.	
1. PLACE OF DEATH				2.	USUAL RESIDENCE (WI	here deceased		n: Residence	before admi:	ssion)
	Allegany		MARY	LAND	Maryla	and	b. COUNTY	Alle	gany	
b. CITY OR TOWN	(If outside corporate limits	, write c. LE	NGTH OF STAY	IN 16 X	c. CITY OR TOWN (If o	outside carpo	rote limits, write RL	JRAL and give	e nearest taw	m)
NAME AND ADDRESS OF THE PARTY.	ostburg	1	+0 vrs.	R	FD 1. Box	35.F	rostbur	Ø		
d. NAME OF HOSPI OR INSTITUTION	ITAL (If nat in hospital, giv	re street addres	s)		d. STREET ADDRESS				ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First Sara	h	Middle G .		Ritchie	4. DATE OF DEATH	Novemb		Doy	Year 19 58
s. sex Female	6. COLOR OR RACE White	MARRIED WIDOWED	DIVORCEL		ate of Birth ov. 24th, 18	891		IF UNDER 1 Y	YEAR IF UND	ER 24 HRS. Min.
loa. USUAL OCCUPATI	ON (Give kind of work dorking life, even if retired)	ne 10b. KIND	OF BUSINESS O	R INDUSTRY	11. BIRTHPLACE (Stote	or foreign co	ountry)	12. CITIZE	N OF WHA	COUNTRY
Housewi		Own	housew	ork	Maryla	and		37.7	USA	
13. FATHER'S NAME				1	MOTHER'S MAIDEN N				ODA	
James C	Cathcart				Sarah Ra	ank				
IS. WAS DECEASED EV	ER IN U. S. ARMED FORCE		L SECURITY NO.	. 17. INFO		ALLIE .	Addre	253		
	(iv yes, give were or several	Nor	1e	Ral	ph Ritchie	e,RFD	1,Box	35,Fr	os th	urg
Conditions, if a gove rise to couse (a), stating lying couse lost.	the under- (c)_		sucut	y	g care	Cno	ma lon	ils	14	e al
PART II. OT	HER SIGNIFICANT COND	TIONS CONTR	IBUTING TO DEA	TH BUT NO	RELATED TO THE TERMI	INAL DISEASI	E CONDITION GIVE	N IN PART 1	PERFO	AUTOPSY DRMED?
	AS UNDERLYING 2 G CAUSE OF DEATH MEDICAL EXAMINER)	Ob. DESCRIBE	O YAULUI WOH	CCURRED. (E	nter noture of injury in I	Port I or Port	II of item 18.)			1
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Year 19		Not while	20e. PLACE foctory	OF INJURY (Home, form street, office bldg., etc.	20f. (City	or town)	(Cou	nty)	(State)
olive on	hat I attended the a	deceased fr		death ac	., 19 <u>58</u> to 1960 curred at 4.40.		7	nd on the	dote stat	
ACTUAL SIGNATURE	100/11	1-0	ne	M.D.	E.	Main	St.,	1	20/	
PHYSICIAN'S NAME (Type)	W. O. McI	ane, l	M. D.		Fr	ostbu	rg, Md.	,	1938	3
220. BURIAL, CREMATIC	ON, 226. DATE THEREOF	22c.	NAME OF CEME			22d. LOCAT	ION (City, town, or	county)	(Sto	le)
Burial Specify	77-7-70	F	bg.Mei	moria	l Park	Fro	stburg.		Md.	
3. FUNERAL DIRECTOR			ADDRESS	200		D BY REGIST	7	RAR' SIGN	ADURE	
Joseph R	. Durst, H	rostb	urg, Mo	d.	DATEDEC	3 30				



to be detached for use as the burial-transit permit. Then please remove carban papers. Pages and 2 shauld be filed with it prior to burial, cremation, ar removal, and in any event within 72 hours after death.

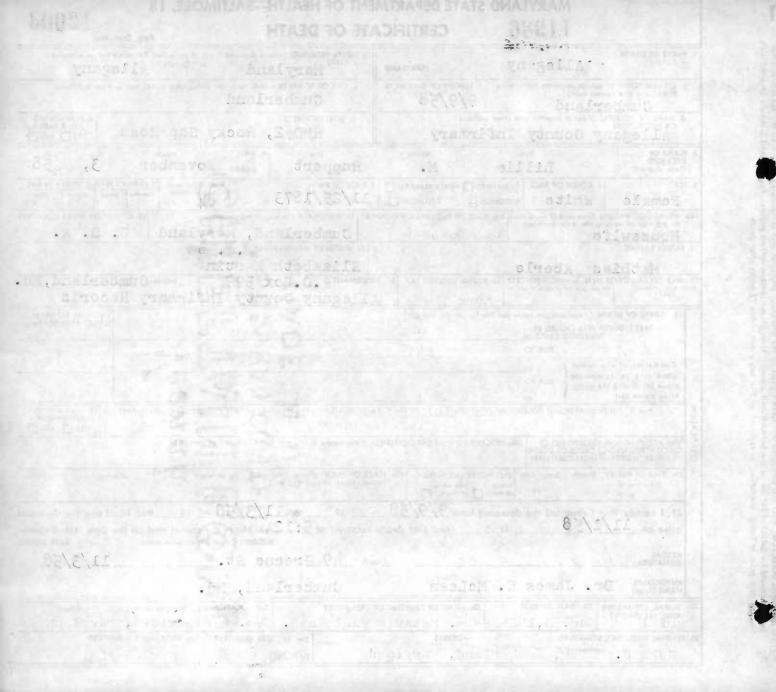
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4

				Keg. Dist. No.
1. PLACE OF DEATH o. COUNTY ALLY egany	MARYLAND	2. USUAL RESIDENCE (Who s. STATE Mary land	ere deceased lived. If instituti	an: Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	ulside corporate limits, write R	
Cumberland	40vrs	Cumberland	Md. 02	
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	oddress)	d. STREET ADDRESS	1	e. IS RESIDENCE
IO5 Oak St		IO5 Oak S		ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Leo	Middle Stewart	Rowan Sr.	4. DATE Man	The Day Year 1958
5. SEX 6. COLOR OR RACE 7. MARR	HED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	Manths Days Hours Min.
M Widowe	DIVORCED	June I, 189	8 60 yrs.	Manths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote of	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	ailroad	McKeespo	rt, Pa.	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
Robert J. Rowan		Mary A.	Reckley	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	NFORMANT	Add	ress
NO (If yes, give war or dates of service)	05-09-9366	Mrs. Gladys	Rowan IO5	Oak St.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Light Countries of the c	Corona	y Sele	roni	6 yer
PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				PERFORMED? YES NO
	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	art I or Part II of item 18.)	
Hour o. m. While	NJURY OCCURRED 20e. PL Not while t at wark	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
21. I certify that I attended the decease alive on the control of the certify that I attended the decease alive on the certify that I attended the decease alive on the certify that I attended the decease alive on the certific that I attended the decease alive on the certific that I attended the decease alive on the certific that I attended the decease alive on the certific that I attended the decease alive on the certific that I attended the decease alive on the certific that I attended the decease alive on the certific that I attended the decease alive on the certific that I attended the decease alive on the certific that I attended the decease alive on the certific that I attended the decease alive on the certific that I attended the decease alive on the certific that I attended the decease alive on the certific that I attended the decease alive on the certific that I attended the decease alive on the certific that I attended th	and that death	accurred at 3: 15A	M, from the causes of ADDRESS (Street, city or town,	1 1/18/5
220. BURIAL, CREMATION, BREMOVAL (Specify) 226. DATE THEREOF II-I9-58	22c. NAME OF CEMETERY OF Hillcrest		22d. LOCATION (City, town, o Cumberland	
James F. Scarpelli Cum	berland, Md	24a. REC'D		STRAP'S SIGNATURE

ST-SHOMPLAN-HTAGHTO TANAKATIG SLATZAN man distant vanishing the last venish Market In the State of the Stat Compatible of the second property of the second pro-

	11986 CERTIFICA	ATE OF DEATH 12003
1.	PLACE OF DEATH o. COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Allegany
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Cumberland c. LENGTH OF STAY IN 1b 9/9/58	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) X Cumberland
91	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Allegany County Infirmary	d. STREET ADDRESS RFD#2, Rocky Gap Road 1. IS RESIDENCE ON A FARM'Y YES NO
3.	NAME OF First Middle DECEASED (Type or print) Lillie M.	Ruppert Of Death November 3, 1958
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Female White	B. DATE OF BIRTH 11/25/1873 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Doys Hours Min. Min.
	00. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife Own Home	Cumberland, Maryland U. S. A.
	3. FATHER'S NAME Mathias Aberle	Elizabeth Martin
72-hours		Allegany County Infirmary Records
t within	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	nary Sellrosio: Interval Between ONSET AND DEATH
ny even	Conditions, if ony, which) (b) Cheb;	rie regorardito?
and in a	gave rise to immediate cause (a), stating the under-lying cause last. DUE TO Security (c)	le artirosolerosis?
novol, o	260x Dealletes	melletus PERFORMED? YES NO 10
o, or rem		D. (Enter noture of injury in Part I or Part II of item 18.)
emation	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40e foc work 19 of work 19 of work 19	ACE OF INJURY (Home, form, 20f. (City or tawn) (County) (State)
r ta burial, a	alive on 11/1/58 , 19 , and that death	occurred at 5:12AM, from the causes and on the date stated above ADDRESS (Street, city or town, state) DATE SIGN
ror prior	PHYSICIAN'S Dr. James E. McLean	Cumberland, Md.
e e e e e e e e e e e e e e e e e e e	20. BURIAL CREMATION, 22b. DATE THEREOF Sts. Peter & Sts. Peter &	
(4) SS 23	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John J. Hafer, Cumberland, Maryland	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE d DATE KOV 5 158 Cuthury S. Krays

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4

retained by the hospital or attending physicion.

AL DIRECTOR: After this certificate has been signed by the attending physician and campletely fill.

AL DIRECTOR: After this certificate has been signed by the attending physician and campletes. Page to the puriol-transit permit. Then please remove carbon papers.

TO FUNE AL DIREC

VS A15 (4) 15M 10/57

bogs. Jould be detached for use as the burial-transit permit. Then please remove carban paper the registror prior to burial, cremation, or removal, and in any event within 72 hours other death.

Item 3, Film

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11987 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

12004 Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY	1		MAR	YLAND	2. USUAL RESIDENCE (V		ed lived. If instituti b. COUNTY	-		nission)
b. CITY OR TOWN (Legany If outside corporate lim	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF		orote limits write P	Bed1		wn1
RURAL ond give n	earest tawn)		7 7 7					7 6	/ S	,,,,,
d. NAME OF HOSPI	Land TAL (If not in hospitol, g	nive street	31 day	78	d. STREET ADDRESS	并上	Hyndman	127	10.10.1	RESIDENCE
OR INSTITUTION									10	A FARM?
			Hospital		none_				YES	□ NO [2]
3. NAME OF DECEASED (Type or print)		mma			Schade Lost / Shade	4. DATE OF DEATH	Mor	ov	Day	Year 1958
S. SEX	6. COLOR OR RACE	7. MARI	RIEDE NEVER MARRI	ED 🔲	8. DATE OF BIRTH		9. AGE (In years lost birthday)			
Female	White	WIDOW	ED DIVORCE	D []	Aug 29,1869		89 yrs.	Months Do	ys Hau	rs Min.
Oo. USUAL OCCUPATION	ON (Give kind of work	done 10b.	KIND OF BUSINESS C	OR INDU	STRY 11. BIRTHPLACE (Stot	e or foreign o		12. CITIZE	N OF WH	AT COUNTRY
Housewi	king lite, even it retired)	Own Home			-Hyno		77	C A	
3. FATHER'S NAME	+ 0		Juli Home		14. MOTHER'S MAIDEN		Winesi .	0,	S.A.	
							da Cami	anlan	2 11	٦
Is. WAS DECEASED EVE	Villison	CESS IN	SOCIAL SECURITY NO	12 4	Mrs. Car.	r Scus	aue, cum	ertan	a, M	a .
Yes, no. or unknown	(If yes, give wor or dates of	service) (6.). I/. II			Add	ress		
no	ATH [Enter only one co		none		Pt.'s Ch	lart				
PART I. DEA	mmediate)	Chronic Antri	m	gorarditis	art d	- Allen		ONSET AN	
lying couse lost.) (0	:)								
\$ 491X		wood	- elizan		NOT RELATED TO THE TERM			EN IN PART 1	PER	S AUTORSY FORMED?
(IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRE	D. (Enter noture of injury in	Part I or Po	rt II af item 1B.)			
20c. TIME OF INJUR Haur o. m. p. m.	Y Month, Doy, Ye	While	NJURY OCCIJRRED Nat while tk at work	20e. PL/	ACE OF INJURY (Home, for ctary, street, affice bldg., et	m, 20f. (Cit	y or tawn)	(Cou	nty)	(State)
21. I certify the alive an	11-16	P. J	ed fram	death	accurred at 7 4	AM, fran	m the causes of treet, city or town,	nd an the	date sta	e decease ited abav DATE SIGNE
220. BURIAL, CREMATIC REMOVAL (Specify) BULLAT	Dr. W.P. Tam)F	22c. NAME OF CEM			22d. LOCA	TION (City, town,	or county)	(S)	ote)
		Ö		TT (Cemetery	Cun	berland	, Mid.		
3. FUNERAL DIRECTOR			ADDRESS			D BY REGIS		STRAR'S SIGNA	ATURE	
James F.	. Scarpel	li,0	umberlan	d, N	d. DATEM	DV 2 0 '5	8 an	Thung S. At	caud	

CA SECRET	HE HILASH BO THUM THAT I BE BUT AND THE OF HEALTH CO
at het het	SERVER OF TAXABLE STREET, AVE. TO THE STREET
	THE STATE OF THE S
The state of the s	College Control of the College
The property of the property o	

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11988 CERTIFICATE OF DEATH

Rea.	Phi A	Al.
Kea.	DIST.	NO.

		1.40	1						Keg. DIS	. 140.	
1.	PLACE OF DEATH a. COUNTY	877		MARYL		USUAL RESIDENCE (W	here deceased	lived. If institution b. COUNTY			
	b. CITY OR TOWN (I		write	c. LENGTH OF STAY IN	N 1b	c. CITY OR TOWN (IF	outside corpor	ate limits, write RU	IRAL and gi	ve nearest	town)
r	OK INSTITUTION	TAL (If not in haspital, giv		ddress)		d. STREET ADDRESS				(S RESIDENCE ON A FARM?
\vdash	Sacre	Heart Hosp	ital			Newtow	70			YE	ES NO 🔼
3.	NAME OF DECEASED (Type or print)	first Char		Middle Fred		Schelble	4. DATE OF DEATH	Mant	h	Day	Year 19 58
5.	SEX	6. COLOR OR RACE	· MARRIE	NEVER MARRIED	☐ B.	DATE OF BIRTH	-	last birthday)			UNDER 24 HRS.
10	Male				tend			58 yrs.			
	during most of work Machinist	ON (Give kind of wark do king life, even if retired)	-	& O. Rwy.		Switzerl	. D.	asi1		LS.A	VHAT COUNTRY?
13	. FATHER'S NAME					14. MOTHER'S MAIDEN I				terrest.	
		Joseph	Saha"	lhla	7.30	34	10 11				
15	WAS DECEASED EVE	R IN U. S. ARMED FORCE	SCHO.	TOTE	17. INFO		et? Na:				
(Y	es. no. or unknown]	(If yes, give war or dates of serv	ice]	OCIAL SECORITY NO.		. Hazel Sch	elble,	New town,		Savag	ge, Md.
		mmediate (.0	curth	en s	proster fustasis-	9204	ralized		ONSET	AL BETWEEN AND DEATH MCS
IFICATION	20g. ACCIDENT WA	Les SIGNIFICANT CONDI		ouge di	<u>.</u> H	PT RELATED TO THE TERM Leant Factor Enter nature of injury in	utro		N IN PART	PI	VAS AUTOPSY ERFORMED? S NO W
L CERTIFIE	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	o. Deser	IDE NOVE INJOKT OCC	OKKED. (chier nature at injury in	rori i or rori	ii or iiem io.j			
MEDICAL	20c. TIME OF INJUR Haur a. m. p. m.	Y Month, Day, Year 19	While	Not while of work	De. PLACE factor	OF INJURY (Home, farm r, street, affice bldg., etc	n, 20f. (City :	or town)	(Co	unty)	(State)
	21. I certify th	ot I attended the d	eceasea	fram. Mus	chi	. 19 5 2 ta	100 >	6 1958	that I la	ist saw	the deceased
	alive an	10v. 76	, 19 5	R,, and that d	eoth o	corred at 9 45 y	_M, from	the causes or	nd an the	date s	tated above.
	ACTUAL SIGNATURE	William	P	Janes.	M.D			eet, city or town, s	lofe)	j_L	DATE SIGNED
	PHYSICIAN'S NAME (Type)	William	P.	Tayrs		Cu	uber	land us	1		
220	BURIAL, CREMATIO REMOVAL (Specify) Burial	11/30/58		20c. NAME OF CEMETE Rose Hill		REMATORY	22d. LOCATI	ON (City, town, or perland,			(State)
23.	FUNERAL DIRECTOR:	s signature George Cur	nberl	ADDRESS		24a. REC'	D BY REGISTR	AR 24b. REGIST	RAR'S SIGN		
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNCAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill by the funeral director.

TO FUNCAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill by the funeral director.

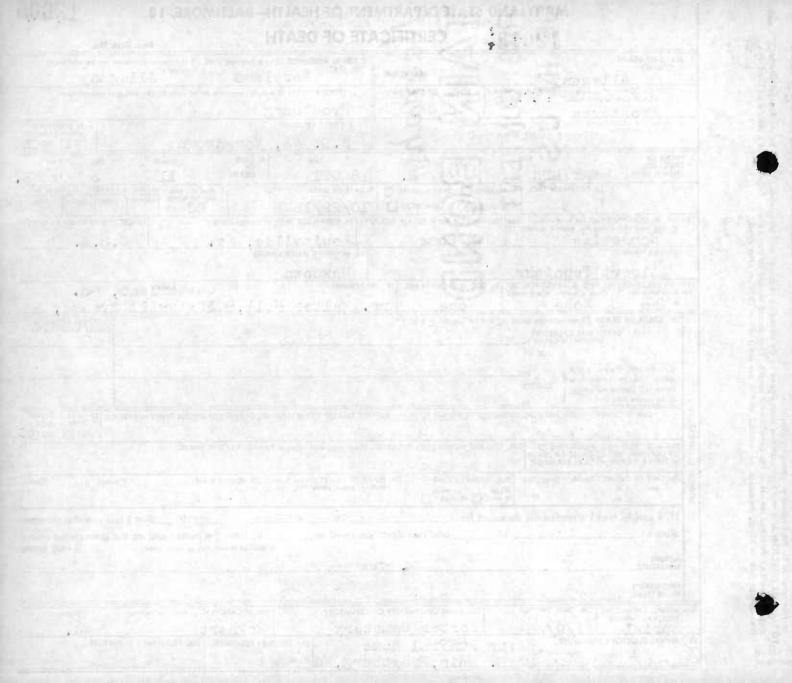
TO FUNCAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill by the funeral director.

TO FUNCAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill by the funeral director.

TO FUNCAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill by the funeral director.

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	160	13	CERTI	IFICA	IE OF L	JEAIT			Reg. D	ist. No		
1. PLACE OF DEATI a. COUNTY	llegany		MARY	YLAND	2. USUAL RESI o. STATE	Mary		d lived. If institut b. COUNTY				isian)
b. CITY OR TOW	N (If outside carporate limits we nearest town)	, write	c. LENGTH OF STAY	IN 1b	c. CITY OR	TOWN (If a	outside carpo	rate limits, write				m)
Fros	thure		3 dat	8	X Fros	tbur	g					
d. NAME OF HO OR INSTITUTION	ON Miners Ho	spit	address)		d. STREET A	#3.	Mora	ntown			ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First MATILDA		Middle		SCOTT		4. DATE OF DEATH	Mo 1		Do	_	Year
5. SEX		7. MADD	IED NEVER MARRI		DATE OF BIRTI		Junio			-		19 58 ER 24 HRS.
F	w	WIDOWE	DIVORCE	DO	10/22/	1878		9. AGE (In years last birthday) 80 yrs	Months	Days	Haurs	Min.
10a. USUAL OCCUP. during most of	ATION (Give kind of work do working life, even if retired)	one 10b.	KIND OF BUSINESS C	OR INDUSTR	Y 11. BIRTHPL	ACE (State	ar foreign co	ountry)	12. C	TIZEN C	F WHA	COUNTR
	ewife	0	wn Home		Loui	svil	le. K	V.		U.S.	. A.	
13. FATHER'S NAME			A		14. MOTHER'S							
Albe	rt Pennicks	3			Unkn	own						
(Yes, no, or unknown)	EVER IN U. S. ARMED FORC	ES? 16.	SOCIAL SECURITY NO		ORMANT			Cumber	Tan	d, I	Id.	
No	None		None	Mrs	Walt	er H	111.8	03Cats	cill	Ave	nue	
	DEATH [Enter only one countries of the c	se per lin	le for (a), (b), and (c).	10	Offin	Fre	The stand	24		INT	ERVAL BI	ETWEEN DEATH
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PART II.	Avanced	Cer	Elizal C	11017	or RELATED TO	.7		E CONDITION GI	VEN IN PA	RT 1(a) 1	PERFC	AUTOPSY DRMED?
20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT	WAS UNDERLYING 1 2 ING CAUSE OF DEATH (IFY MEDICAL EXAMINER)	Ob. DESC	CRIBE HOW INJURY O	CCURRED.	(Enter nature a	f injury in F	Port I or Part	II of item 18.)				
20c. TIME OF IN Hour a. p.	m. 10	While	Not while at wark	20e. PLAC factor	E OF INJURY (I	Home, farm bldg., etc.	20f. (City	or town)		(County)		(State)
21. I certify	that I attended the a	decease	ed from ///	3/5	1, 19	, to	11/5	155, 19	.that I	last so	w the	decease
alive on	11/5/18	, 19	, and that	death o	ccurred at			the causes	and an i			
ACTUAL SIGNATURE	Transperson	257	Keten h	2 CM	. 48	177 -	- 00	reet, city or town,	state)		D	ATE SIGN!
PHYSICIAN'S NAME (Type)	MARTINE	1. K	POTHSTE	in I	D- 1-180	5713	ZIR6	-40				
22a. BURIAL, CREMA REMOVAL (Spec	TION, 226. DATE THEREOF		22c. NAME OF CEMI	ETERY OR C	REMATORY		22d. LOCAT	ION (City, lawn,	ar caunty)		(Stat	te)
Burial	11/9/58		Porter (Cemet	ery		Eckh				Md.	
23. FUNERAL DIRECT	De A Tie	fer	Fifferal	Home			BY REGIST		STRAR'S SI	GNATU		
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24g, REC'D BY REGISTRAR

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24b. REGISTRAR'S SIGNATURE

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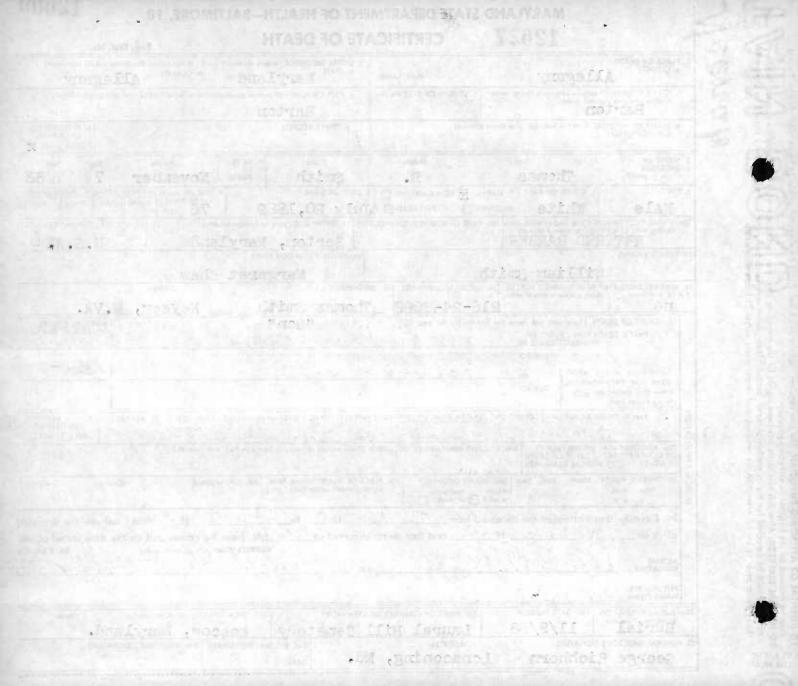
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23. FUNERAL DIRECTOR'S SIGNATURE

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717AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 retained by the housing or attending abusings.	RAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director,	should be detoched for use as the burial-transit permit. Then please remaye carbon papers. Pay and 2 should be filed with	Istrar prior to buriol, cremation, or removal, and in any event within 72 hours ofter death.
J. C.	0	pino	ar p
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MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMO	RE, 18
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NAME OF STEEL SHAY SHOP SHOP SHOP SHOP SHOP STEEL SHAP SHOP		CUMBERL	AND,		DAYS	KEYSER		8	5 x -	3	
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DUE TO Counting the young to low orking life, even if retired) 13. FATHER'S NAME EXEKTEL SHAY 15. WAS DECEASED EVER IN U. S. ABMED FORCES? 16. SOCIAL SECURITY NO. 17 SHORMANT (IN. DO. OF DEATH ENEROY OF DEATH Enter only one course per line for (a), (b), and (c).) 18. CAUSE OF DEATH Enter only one course per line for (a), (b), and (c).) PART I. DEATH WAS CAUSE BY. DUE TO Conditions, if ony, which gove rise to immediate course lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.0) PROPERTY MEDICAL EXAMINER; 20. ACCIDENT WAS UNDERLYING. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTITY MEDICAL EXAMINER) 21. I certify that I attended the deceased from of or work of the or one of the course of th	5. SE		1.01.1.77			OCT 00 -	896	9. AGE (In years last birthday) 62 yrs.		-	DER 24 HRS.
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18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).] 18. CAUSE OF DEATH (Enter only one course per line for (o), (b), and (c).] 19. PART I. DEATH WAS CAUSED BY:	15. W	VAS DECEASED EVER	IN U. S. ARMED FORCE	57 16. SOCIAL S	ECURITX NO. 17	NFORMANT		Addi	ress	-	
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olive on	MEDICAL	Hour a.m.		While Not	while fa	ACE OF INJURY (Home, fo ctory, street, office bldg.,	orm, 20f. (City	ar town)	(Cou	unly)	(State)
olive on	2	21. I certify the	at I attended the de	eceased from	1-8	- 19.5% to	11-	29-195	that I la	st saw the	deceased
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) W.F. WILLIAMS 220. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL (Specify) PARTICIAN S REMOVAL (Specify) REST Lawn Memorial 221. LOCATION (City, town, or county) Rest Lawn Memorial 222. REC'D BY REGISTRAR 2240. REG(STRAR'S SIGNATURE) ADDRESS 2240. REC'D BY REGISTRAR 2240. REG(STRAR'S SIGNATURE)		olive on_//-	-7-9-	19 50	ond that deoth	occurred at 0.0					
PHYSICIAN'S NAME (Type) W.F. WILLIAMS 220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 12/2/64 Rest Lawn Memorial LaVale, Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	11.	CTUAL	711 1	71		P	ADDRESS (St	reel, city or fown,	state)		ATE SIGNED
NAME (Type) W.F. WILLIAMS			The CV.	Ville	acres es	M.D. Cler	ellen	lever	100	11-	29-17
REMOVAL (Specify) 12/2/67 Rest Lawn Memorial 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE		PHYSICIAN'S NAME (Type)	J.F.WILLIAMS								*
Marie a al Meridian State of the state of th	1	REMOVAL (Specify)	12/2/6				Zd. LOCAT	Vale,	or county)		ite)
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1,	PLACE OF DEATH o. COUNTY	Allegany	MARYL	AND 2. U	STATE Maryl	ere decesses and	b. COUNTY		before od	
	b. CITY OR TOWN (II RURAL and give ne Cumbe)		8/27/58	N lb c	Hyatt	utside corpo	cote limits, write RI		re nearest t	own)
	d. NAME OF HOSPIT	AL (If not in hospital, give stre	et oddress)		STREET ADDRESSET	. # 4	. Box 37	O.Chr	ista	RESIDENCE N A FARM?
	OR INSTITUTION	Allegany Cou	nty Infirm	ary	2830/2	P/hytyhdc	6/G66th		, , 1	NO T
3.	NAME OF DECEASED (Type or print)	Elizabet	h Wohns	eon	Steen	4. DATE OF DEATH	Novembe		28.	Yeor 1958
S.	SEX	6. COLOR OR RACE 7. MA			TE OF BIRTH		9. AGE (In years			NDER 24 HRS.
	Female		WED DIVORCED		/26/1869		lost birthdoy)	The second second	Poys Hou	-
10	o. USUAL OCCUPATIO during most of work Housew	N (Give kind of work done 10 ing life, even if retired)	Own Home	INDUSTRY	Scotland		ountry)	U.	S. A	HAT COUNTRY?
13.	FATHER'S NAME			14.	MOTHER'S MAIDEN N			0.	D • 2	. •
	Th	Villiam Wils	on		Anna	a Sha	nks			
1S.		R IN U. S. ARMED FORCES? 11 yes, give wor or dates of service)	6. SOCIAL SECURITY NO. None	Alle	gany Cou		Addr nfirmar			and, Md.
F	18. CAUSE OF DEA	TH [Enter only one couse per	line for (o), (b), and (c).]						INTERVAL	L BETWEEN
	PART I. DEA	TH WAS CAUSED BY:	Chri	me,	0 72	SA1	AN Ite	0	ONSET A	ND DEATH
	592 x	DUE TO	- CIVIA	0		16 6 6	Wall.			
	Conditions, if or	ny, which) (b)	-Ger.	eler	al ar	tore	coole	2000	,	,
	gove rise to in couse (o), stating t lying couse lost.	he under- DUE TO	C.C.	(·	2 20	hh.	1= :.			7
z		ER SIGNIFICANT CONDITION	CONTRIBUTING TO DEA	TH BUT NOT	RELATED TO THE TERMI	NIAI DISEASI	E CONDITION CIV	TALIAL DART	1/ax 10 W/	AS AUTOPSY
CATIO	1200	Sec	cele d	eler	correct	167	E CONDITION ON	IN IN LAKI	PE	RFORMED?
CERTIFICATION	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 20b. DI CAUSE OF DEATH MEDICAL EXAMINER)	ESCRIBE HOW INJURY OC	CURRED. (Ent	er noture of injury in f	Port I or Port	II of item 18.)			
MEDICAL	20c. TIME OF INJURY	Whi		RGe. PLACE O factory,	F INJURY (Home, form street, office bldg., etc.	, 20f. (City	or town)	(Co	ounty)	(Stote)
ME	p. m.	19 of w	ork of work			i				
	21. I certify the	at J attended the deced	sed fram 8/27	/58	, 19, ta	1/28/	58, 19	,that I la	ist saw th	he deceased
	olive on 1	L/26/58 19	, and that a	death acc	urred at 3:50	A.M. fran	n the causes a	nd on the	a date st	ated above
и	District of the second	1	in all				reet, city or town,			DATE SIGNED
	ACTUAL SIGNATURE	lecces 6	17-100	T CM.D.	49 Gree	ene S	t.		11/2	28/58
	PHYSICIAN'S NAME (Type)	Dr. James E	. McLean		Cumber:	land,	Md.			
22	REMOVAL (Specify)	N, 22b. DATE THEREOF	22c. NAME OF CEMET				TION (City, town, o			Stote)
22	Burial FUNERAL DIRECTOR'S	11/30/58	ADDRESS	int Ce	- 10		perland,			
23.			erland, Md.		DATE DE	BY REGIST		TRAR'S SIGN		
	O O IIII O S	marer oung	er ranu, Ma		DATE	4				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 **PERAL DIRECTOR**: After this certificate has been signed by the attending physician and completely should be detached for use as the burial-transit permit. Then please remove carbon papers. Pagistrar priar to burial, cremation, or remaval, and in any event within 72 bears after death. may be retained by the haspital or attending physician TO FU VS A1S (4) 1 9/SS

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 11994

CERTIFICATE OF DEATH

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est town)	ts, write			c. CITY OI			ite limits, write R			town)
~~		oddress)		1 0		len Av	<i>i</i> e		0	RESIDENCE N A FARM?
mate .			7			4. DATE OF DEATH			Day 23	Year 19 58
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life, even it refired))						intry)	12. CIT	USA	HAT COUNTRY
Twigg				14. MOTHER			erling			
U. S. ARMED FOR	ervice)	social securit None			cy Twi	igg, (Ma.	
WAS CAUSED BY:	2	le foe (a). (b). on	id (c).]		0	na			INTERVA ONSET A	L BETWEEN ND DEATH
DUE TO	0	hron	ic.	Hlam	elen	lar 1	Hell	1		
rediote (rter	in	ele	Leve	Re	7			
SIGNIFICANT CON	DITIONS C	ONTRIBUTING T	O DEATH BUT	NOT RELATED T	O THE TERMIN	NAL DISEASE	CONDITION GIV	'EN IN PART	PE	AS AUTOPSY RFORMED?
CAUSE OF DEATH !	20b. DESC	RIBE HOW INJU	JRY OCCURRE	6. (Enter nature	of injury in P	art I or Part I	l of item 18.)			
Month, Doy, Yea	While	_ Not while	D 20e. Pi	ACE OF INJURY ctory, street, offi	(Home, farm, ce bldg., etc.)	20f. (City o	or town)	(C	County)	(Stote)
attended the			that death		12-45		the causes o	ind on th		
chard J.	Wil	liams	M.D.	Bu	mberla	and, l	Marylar	ıđ		
Nov 25	1950				Park	7.1			1×1 Cr (1	State)
IGNATURE	1 11 2							_		
	utside corporate limitest town) (If not in hospitol, g Camden Jam Color or race White (Give kind of work of life, even if retired) Tocery Twigg N.U. S. ARMED FORest, give wor or doles of sea, giv	(If not in hospitol, give street of Camden Ave Camden Ave First James Color or race White (Give kind of work done life, even if retired) If OCERY TWISS N.U. S. ARMED FORCES? MAS CAUSED BY: MEDIATE CAUSE (a) DUE TO which lediote by Month, Doy, Year CAUSE OF DEATH DICAL EXAMINER) Month, Doy, Year I attended the decease 10 the diote of work Annual Color of the color of work Annual Color of the color o	Uside corporate limits, write est town) (If not in hospitol, give street oddress) Canden Ave First James Collor or race White Widowed Div. (Give kind of work done life, even if retired) irocery Twigg N.U. S. ARMED FORCES? I. SOCIAL SECURIT None [Enter only one couse per line foo-(a), (b), on which ediote winder. Which lediote Due to which local est of service of of ser	Uside corporate limits, write est town) AO YEAR'S (If not in hospitol, give street oddress) Camden Ave First	Utilde corporate limits, write C. LENGTH OF STAY IN 16 C. CITY OF ATTOM OF A COLOR OF RACE T. MARRIED MIDDER M	utide corporate limits, write 1 c. LENGTH OF STAY IN 1b 2. CITY OR TOWN (IF of STAY IN 1b) 4.0 Years 2. Cumic 1. Cumic 1	MARYLAND MARYLAND MARYLAND MARYLAND MARYLAND MARYLAND C. CITY OR TOWN (If outside corporate indicated by the set lown) AD YEARS CUMBERIAL C. CITY OR TOWN (If outside corporate indicated by the set lown) AD YEARS CUMBERIAL C. CITY OR TOWN (If outside corporated indicated by the set lown) AD YEARS CUMBERIAL C. CITY OR TOWN (If outside corporated by the set lown) COUNDER I AD YEARS COLOR OR RACE MIDER TWINGS COLOR OR RACE MIDER THE WIDOWED DIVORCED DIVORCED I AD 14 1869 (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (Stote or foreign could be set lost of service) Grocery Store 14. MOTHER'S MAIDEN NAME AMELIA Ste NO II. MOTHER'S MAIDEN NAME AMELIA Ste NO II. MOTHER'S MAIDEN NAME AMELIA STE AMELIA STE AMELIA STE AMELIA STE AMELIA STE AMELIA STE III. BIRTHPLACE (Stote or foreign could be of service) Olatown Mrs. Mary Twigg, (Color or added of service) NO II. MOTHER'S MAIDEN NAME AMELIA STE AMELIA STE AMELIA STE AMELIA STE OLATOWAND III. BIRTHPLACE (Stote or foreign could be of service) Olatown Mrs. Mary Twigg, (Color or added of service) III. BIRTHPLACE (Stote or foreign could be of service) Olatown Mrs. Mary Twigg, (Color or added of service) III. BIRTHPLACE (Stote or foreign could be of service) Olatown Mrs. Mary Twigg, (Color or added of service) III. BIRTHPLACE (Stote or foreign could be of service) III. BIRTHPLACE (Stote or foreign could be of service) III. BIRTHPLACE (Stote or foreign could be of service) III. BIRTHPLACE (Stote or foreign could be of service) III. BIRTHPLACE (Stote or foreign could be of service) III. BIRTHPLACE (Stote or foreign could be of service) III. BIRTHPLACE (Stote or foreign could be of service) III. BIRTHPLACE (Stote or foreign could be of service) III. BIRTHPLACE (Stote or foreign could be of service) III. BIRTHPLACE (Stote or foreign could be of service) III. BIRTHPLACE (Stote or foreign could be of service) III.	ALLEGATY MARYLAND G. STATE MARYLAND C. LENGTH OF STAY IN 1b AD YEARS C. CUMB CPI AND C. CUMB CPI AND	Allegany MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residen o. STATE Maryland b. COUNTY Ale aryland c. STREET ADDRESS Camden Ave First	Utide corporate limits, write c. LENGTH OF STAY IN 16 40 Years Cumb er Land Cumb er

VS A15 (4) 1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12014 CERTIFICATE OF DEATH

Reg. Dist. No.

	Re	g. Dist. No.
1, PLACE OF DEATH O. COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: R "MATYLAND b. COUNTLE	esidence before admission)
b. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) Frostburg	c. CITY OR TOWN (If autside carporate limits, write RURA) Lonaconing	L and give nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Miners Hospital	d. STREET ADDRESS Railroad Street	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Margaret Nelson	Lost 4. DATE Month	Day Year Pd. 1958 19
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 1874 9. AGE (In years IF L	UNDER 1 YEAR IF UNDER 24 HRS.
Female White WIDOWED DIVORCED	Dec, 15th, 2280898 83 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work Own Home	Scotland	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
James Mason	Mary Bailey INFORMANT Address	·
[Yes, no, or unknown] [If yes, give war or dates of service]	Mrs. Walter Beall, Norfo	lk. VA.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	(DAUGHTER)	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last. Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.	1 selbredde	7w/20
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING TO COURSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		19. WAS AUTOPSY PERFORMED? YES NOTE:
	ED. (Enter nature of injury in Part I or Part II of item 18.)	
ZOc. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 40e. Pl While Nat while 19 at wark at work	LACE OF INJURY (Hame, farm, 20f. (City ar tawn) actory, street, office bldg., etc.)	(Caunty) (State)
ACTUAL SIGNATURE HILLA SENSIBILITY	23., 19 58 ta Nov. 3. , 1958, the accurred at 2:20PM, from the causes and ADDRESS (Street, city or town, state M.D. 48 Broadway, Frostburg	on the date stated above
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	Dr. CREMATORY 22d. LOCATION (City, town, or co	iunty) (State)
REMOVAL (Specify) Rurial Nov.5th. 1958 Oak Hill	Cemetery Lonaconing,	MD. R'S SIGNATURE
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS GEORGE EICHHORN Lonaconing, 1	MD NOVE 150	T & KLAUA

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	antarours			5071-1
	Marie Branches Co.	DATE	HERRES VALUE	
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4 ((mathetise)			
A A T. A C. Petro I to	The second of the			
		E.M. West fair		
	Commission Lightner	Tree Notes	- ACC WOLLD	Ca territoria
Afron San Allice and		Longerten, L	15 (Q13° 05.11	1001 100

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MARYLAND	STATE DEPARTMENT	OF	HEALTH-	BALTIMORE,	18
11995	CEDTIFICATE	OF	DEATH		

12015

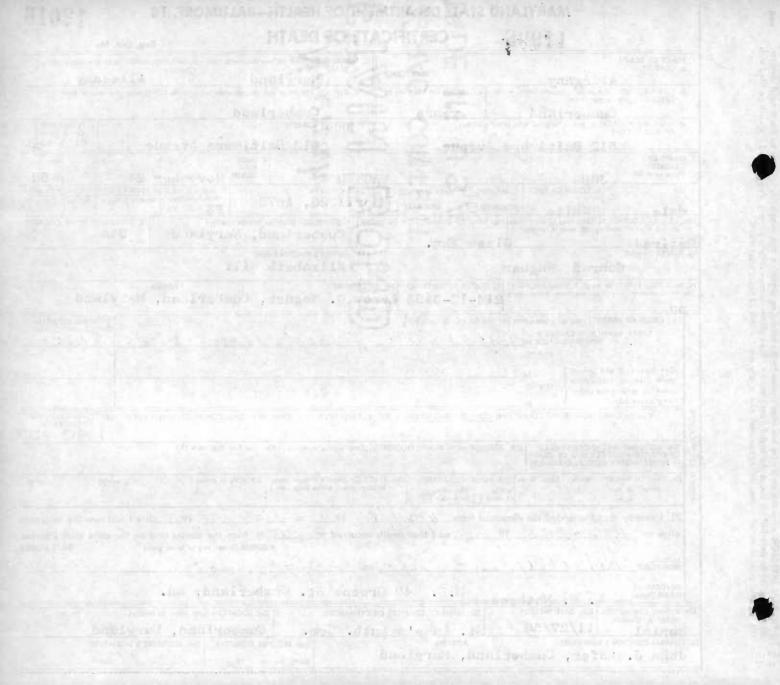
11000	CERTIFICAT	L OI DEATH		Reg. Dist. No.
o. COUNTY Allegany	MARYLAND 2	USUAL RESIDENCE (When o. STATE Marv1:	b. COUNTY	n: Residence before admission) Allegany
b. CITY OR TOWN (If outside corporate limits, write c. RURAL and give nearest town) Cumberland	LENGTH OF STAY IN 16	2. CITY OR TOWN (IF our 2. Cumberland	tside corporate limits, write RI	
d. NAME OF HOSPITAL (If not in hospital, give street add OR INSTITUTION 808 Greene St.	ress)	d. STREET ADDRESS	ene St.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Harry Dale	Middle Wagner		4. DATE Moni	
S. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED [NEVER MARRIED B. I	DATE OF BIRTH	9. AGE (In years last birthday) 56 yrs.	IF UNDER I YEAR IF UNDER 24 HRS. Months Days Hours Min.
Ou. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shift Supervisor Cela	nese Corp.	Y 11. BIRTHPLACE (Stote of Cumber 1		12. CITIZEN OF WHAT COUNTRY
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA		1. 0. 0. 10.
William D. Wagner		Emma A. V	Vertz	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC (Yes. no. or unknown) (If yes, give wor or dates of service)	CIAL SECURITY NO. 17. INFO	DRMANT	Addr	ess
No 214	-07-1516	Mrs. Harry V	Wagner 808 G	reene St. Cumb. 1
18. CAUSE OF DEATH [Enter only one cause per line for	or (a), (b), and (c).]	1 1	-	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ronary 1	V. A man law	Mi	ONSET AND DEATH
420.1 DUE TO	16	2 Company		3 mm
Conditions, if any, which gave rise to immediate (b)				
cause (a), stating the under-				
lying cause last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CON 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIV	EN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
	E HOW INJURY OCCURRED. (Enter nature of injury in Pa	ort 1 or Part II of item 18.)	
Haur a.m. While	RY OCCURRED 20e. PLACE Nat while factory at work	OF INJURY (Home, farm, y, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that I attended the deceased	fram Many	, 1955, to h	N, 21, 1950	that I last saw the decease
alive on /401 20 , 1958	, and that death or	coursed at 6 WF		nd on the date stated abov
n. 0 1	, , ,	0 A	DDRESS (Street / Lity or town, 1	
SIGNATURE S, M. Schin	dles M.O	+3/m	Uneft Circ	belongal 1/24
PHYSICIAN'S B.M. Schindler, M.				land, Maryland
REMOVAL (Specify)	ose Hill Cemet		22d. LOCATION (City, town, o	county) (State)
3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		Cumberland BY REGISTRAR 24b. REGIS	TRAR'S SIGNATURE
Charles L. George, Cumb	erland, Md.			Liting & Moule

VS A1S (4) 1SM 10/57

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		to to		

CERTIFICATE OF BEATLE

M)		119:16 CERTIFICATE OF DEATH Reg. Dist. No.
		PLACE OF DEATH o. COUNTY Allegany MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before odmission) o. STATE Maryland Allegany
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)
		Cumberland vears 02 Cumberland
00		d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 512 Baltimore Avenue d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
	3.	NAME OF First Middle Lord A DATE March D
		OF DEATH November 24 19 58
	S.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
		Male White WIDOWED DIVORCED April 28, 1875 North Doys Hours Min.
	100	. USUAL OCCUPATION (Give kind of work done done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired)
T	R	etired Glass Wkr. Cumberland, Maryland USA
1 -		FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	1	Conrad Wagner Elizabeth Wilt
	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
	1	(If yes, give wor or doles of service) 214-12-3195 Leroy G. Wagner, Cumberland, Maryland
	F	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]
		PART I DEATH WAS CAUSED BY
		1422.2 DUE TO DUE TO
		Conditions if any which
		gove rise to immediate
		couse (a), stating the under DUETO lying couse last.
	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
0	CATION	PERFORMED? YES NO
		20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.)
	CERTIF	OR CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	S	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
	MEDI	Hour o. m. While Not while foctory, street, office bldg., etc.) p. m. 19 at work of two of work of the street of the street of two of
	-	
		21. I certify that I attended the deceased from 1/24/58, 19, to 1/24/58, 19, that I last saw the decease
		alive an, 19, and that death accurred at
		ACTUAL A That I as here
1		SIGNATURE / WILLIAM CONTROL TO 125
		PHYSICIAN'S NAME (Type) T D Mothers M.D. 49 Greene St. Cumberland, Md.
	220	PUBLISH CREMATION 29. DATE THEOREM
		REMOVAL (Specify) 3.3 (OF (19)
- 0		Burial 11/27/58 St. Luke's Luth. Cem. Cumberland, Maryland FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D 8Y REGISTRAR'S SIGNATURE 240. REC'D 8Y REGISTRAR'S SIGNATURE
160		John J. Hafer Cumberland Maryland
Marie Land	-	DATENOV 2 8 '58 Cothun & Thouse



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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11998

CERTIFICATE OF DEATH

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3. NAME OF DECEASED (Type or print) 3. NAME OF DECEASED (Type or print) 4. DATE Month Day You DEATH November 2 100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 3. DATE OF BIRTH PLACE (State or foreign country) 4. DATE Months Day You DEATH (Inversign for work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 102. CITIZEN OF WHAT (Country) 103. FATHER'S NAME ANGULE M. Walker 104. MOTHER'S MAIDEN NAME ANGULE M. Walker 105. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Yes W. W. I. 21.3-22-2928 Mrs. Ovelia Walker Cumberland Mary 106. Conditions, if any, which gave rise to immediate cause (c), stating the under. (b) DUE TO DUE TO DUE TO Middle Walker 9. AGE (In years IF UNDER 1 YEAR IF UNDER 1 ONE) AGE TO DATE MONTH OF WHAT (Country) AUGUST MONTH OF WHAT (Country) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT (Country) 12. CITIZEN OF WHAT (Country) 13. FATHER'S NAME Address Wardensville W. Va U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Wardensville W. Va U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Wardensville W. Va U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Wardensville W. Va U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Wardensville W. Va U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address DATE OF DEATH (Enter only one course per line for (a), (b), and (c). 19. ONE 10 ARMED ARM	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown) Cumberland d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 5.34 Fairview Avenue 3. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 5.554 Fairview Avenue 3. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 5.555 More of Print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NOVEMBER 8. DATE OF BIRTH 9. AGE (In years last birthday) Months Days Hours 100. USUAL OCCUPATION (Give kind of work done) 100. KIND OF BUSINESS OR INDUSTRY) MECHANIC MECHANIC Allegany Ballistics 14. MOTHER'S MAIDEN NAME Daisy Orndorff 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (b) DUE TO DUE TO CONTINUE TO TOWN (If outside corporate limits, write RURAL and give nearest town) d. S. STEPT ADDRESS Cumberland Cumberland d. S. STEET ADDRESS 6. STREET ADDRESS 6. STR	sion)
NAME OF DECEASED IN U. S. ARMED FORCES? WAS DECEASED EVER IN U. S. ARME	n)
DECASED (Type or print) Hey1 Delk Walker Death November 2 The Death November 3 The Death November 4 The Death November 2 The Death November 2 The Death November 3 The Death November 3 The Death November 4 The Death November 5 The Death November 6 The	FARM?
Male White Widowed Divorced August 28, 1896 Months Months Days Hours Days Hours Days Hours Days Hours Months Days Hours Days Hours	Year 19 58
Do. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic Allegany Ballistics Daisy Orndorff Wardensville, W. Va U. S. 14. MOTHER'S MAIDEN NAME Daisy Orndorff Daisy Orndorff Daisy Orndorff Mes. Do. J. INFORMANT Yes 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate couse (c), stating the under- DUE TO DUE TO DUE TO 10. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT (C) U. S. 14. MOTHER'S MAIDEN NAME Daisy Orndorff Address Mrs. Ovelia Walker Cumberland Mary INTERVAL BET ONSE! AND INTERVAL BET ONS! AND INTE	
Angus M. Walker S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Yes. W. W. I 213-22-2928 Mrs. Ovelia Walker Cumberland Mary 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate couse (a), stating the under- DUE TO DUE TO DUE TO 14. MOTHER'S MAIDEN NAME Daisy Orndorff Address Mrs. Ovelia Walker Cumberland Mary INTERVAL BET ONSET AND STATE ON SET AND STATE OF SET AND STATE ON	COUNT
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Yes, no. of withnown) Yes W. W. I 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate couse (a), stoling the under-	
Yes W. W. I 213-22-2928 Mrs. Ovelia Walker Cumberland Mary 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate couse (a), stoling the under-	
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), the standard of the cause (a), the standard of the cause (a), the c	yla
, (c)	21
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AI PERFOR YES 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II of item 18.)	RMED?
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. st. 19 While Not while at work at work at work	(State
21. I certify that I attended the deceased from: 1950, to how, 1956, that I last saw the dalive on 1956, that I last saw the dalive on 1956, and that death occurred at	
PHYSICIAN'S NAME (Type)	P/-
20. BURIAL, CREMATION, REMOVAL (Specify) Burial 11/5/58 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) Cumberland Maryland	e)
Ruth E. Silcox Cumberland Maryland 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE Outland 8. Known	

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	STUDENCE OF THE SAME STATE OF

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CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH O. APUNETGANY	MARYLAND	2. USUAL RESIL	DENCE (Where deceased A ND	lived. If instituti b. COUNTY	ani Residence befo ALEEGANY	re admission)
G. STATE						
		1		1,610		ON A FARM?
DECEASED			A. DATE OF DEATH			y Y558
FEMALE WHITE				lost birthday)		
a RYLEGANY b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest fown) c. CLENGTH OF STAY IN 1b c. C						
			ence Smith			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	17					M DVI AND
		MEMORIAL	HOSPITAL	COMB		
PART I. DEATH WAS CAUSED BY:	rine for (a), (b), and (c).	my X	h Epres	Kari		
4000	1 1	10	1	90		500
gave rise to immediate	There	there	of Colo	125		9-5-15
coose (a), stating the under-					122	Branch Company
, (c)	CONTRIBUTING TO DEATH BU	T NOT RELATED TO	THE TERMINAL DISEAS	E CONDITION GIV	'EN IN PART 1(a) 1	9. WAS AUTOPSY
OATE CALL			le sommen			
	SCRIBE HOW INJURY OCCURR	ED. (Enter nature a	f injury in Part I or Par	t 11 of item 18.)		
20c. TIME OF INJURY Manth, Day, Year 20d. Hour a.m. 19 While ol wa	Not while			or town)	(County)	(State)
21. I certify that I attended the decear	sed from 6/7/3	19				
alive on 19 19	, and that deat	h accurred at.	10:17 M, from	n the causes o	and an the da	te stated above.
ACTUAL STATE	1. 11 - 1	/	ADDRESS (Si	reet, city ar town.	state) M	DATE SIGNED
	are conse	M.D.	c-6-6-15	1 ten	2-5-1-11-4A	
PHYSICIAN'S DR. RICHARD WIL	LIAMS				***	/ /
22g. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY			ION (City, town,		(State)
Burial 11/16/58	Hillcrest Bu	rial Park			Marylano	
23. FUNERAL DIRECTOR'S SIGNATURE Charles L. George Cumb	erland, Mst.	41 8-10	240. REC'D BY REGIST		STRAR'S SIGNATUI	
	or remitty like	100	DATNOV 1 7 '58	art	hun S. Kraci	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 moy be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely possible that the second propers is should be detached for use as the burial-transit permit. Then please remaye carbon papers. Possistrar priar to burial, cremation, or remayal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

BURE SHEET, THE SECRETARY SHEET, 2018 Jess, 30, 2091 the period of the period and the period of t THE SHARWARD OF THE SAME Anthorne business Carbertal Previous diff the Products agreed all instraints

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		2 13 13	0.0	321(11114)			Keg. Dist. No).
1.	PLACE OF DEATH o. COUNTY	0 Alleg	any	MARYLAND	2. USUAL RESIDENCE (Who	and b. COUNTY	RURAL and give nearest town) St. C. IS RESIDENCY ON A FARM YES \ NO NOTITION NO ON A FARM YES \ NO IF UNDER I YEAR IF UNDER 24 IF ON SET AND DE 24 IF ON SET AND	
	RURAL ond give n	eorest town)	s, write	c. LENGTH OF STAY IN 16 12/28/56			RAL and give ne	earest fown)
	d. NAME OF HOSPIT	Allegany MARYLAND O. STANTE Maryland D. COUNTY Allegany C. CITY OR TOWN (If outside corporate limits, write Allond give increased two) Lumberland AC of Hospital (find in haspital, give street address) MAC of Hospital (find in haspital, give street address) MAC of Hospital (find in haspital, give street address) MAC of Hospital (find in haspital, give street address) Mathlea Month of Hospital (find in haspital) Mary Mathlea Month of Hospital Mo	e. IS RESIDENCE ON A FARM? YES NO TA					
3	NAME OF DECEASED (Type or print)	Firs	1		Lost	4. DATE Month	n Di	
5	sex Female					last birthday)		R IF UNDER 24 HRS.
10	during most of wor	king life, even if retired)	one 10b. I	KIND OF BUSINESS OR INDUS				
1:	3. FATHER'S NAME Willi	ACE OF DEATH COUNTY Allegany MARYLAND CUTY OF TOWN (If outside corporate limith, write and present hours) CUTY OF TOWN (If outside corporate limith, write and present hours) CUTY OF TOWN (If outside corporate limith, write and present hours) CUTY OF TOWN (If outside corporate limith, write and present hours) CUTY OF TOWN (If outside corporate limith, write and present hours) CUTY OF TOWN (If outside corporate limith, write and present hours) Allegany County Information 109 S. Allegany St. STREET ADDRESS ALLEGANY ST. AME OF CONSTITUTION Allegany County Information AME OF CONSTITUTION Allegany County Information Middle Mary Mattlida Wheeler SAME Wheeler SAME Wheeler SAME OF BERTH NOVEMBER (If where decreated lived, If institution) 2 Cuty Of Town (If outside corporate limith, write RURAL and give necreat town) Allegany County Information 2 Cuty Of Town (If outside corporate limith, write RURAL and give necreat town) Allegany County Information Allegany St. STREET ADDRESS A LIBBARY ST. ALLEGANY Wheeler SAME Wheeler SAME (If yours) Allegany St. STREET ADDRESS A LIBBARY ST. ALLEGANY Wheeler SAME (If yours) Allegany St. SAME (If yours) Allegany Information Allegany Information County Information Allegany County Information						
	Yes, no. or unknown)	R IN U. S. ARMED FORG	rvice) 16. S		T . O . D	//		
MODIA DISITED AND MANAGEMENT	PART I. DEA 350 X Conditions, if of gove rise to it couse (o), stolling lying couse lost. PART II. OTHER 200. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY)	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	DIFIONS C	Chronic Chroni	D. (Enter noture of injury in P	ort I or Port II of item 18.)	ON O	19. WAS AUTOPSY PERFORMED? YES NO
1000	21. I certify the alive an 11	nat I attended the 126/58	decease	ed fram 12/28/5	6 , 19 , to 1 accurred at 7:00	1/27/58, 19 2M, fram the causes ar ADDRESS (Street, city or town, so the St.	nd an the do	
		12/1/5	8	new Cath	edial Com	Baltemore	m	12.
2:	3. FUNERAL DIRECTOR	'S SIGNATURE	0.	ADDRESS	14. ()		. 11	

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CERTIFICATE OF DEATH

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1. PLACE OF DEATH o. COUNTY	Allegany		MARYLA	- 11	USUAL RESIDENCE (WHO O. STATE Marvle		d lived. If institution b. COUNTY	Alle		sion)
b. CITY OR TOWN	(If outside corporate limit:	, write	c. LENGTH OF STAY IN	116	c. CITY OR TOWN (If o		rate limits, write RI			m)
RURAL ond give i			- Flore	,	< Frostbur					
d. NAME OF HOSP	ITAL (If not in hospital, gi	ve street	5hrs address)		d. STREET ADDRESS	8			e. IS RES	SIDENCE
OR INSTITUTION	Hospital				R.D.#2,	Box	185		ON	NO X
3. NAME OF DECEASED	Firs		Middle		Last	4. DATE OF	Mon	th	Day	Year
(Type ar print)	Goldie		Olive	Wil	liams	DEATH	11		19	19 58.
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	B. E	ATE OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDER 1 Y		
F	W	WIDOW	ED X DIVORCED		av. 1st.18	389	69 угз.	Months Da	ys Hours	Min.
10a. USUAL OCCUPATI	ION (Give kind of work d	one 10b.	KIND OF BUSINESS OR	INDUSTRY			ountry)	12. CITIZE	N OF WHAT	COUNTRY
Housew	rking life, even if retired)		Own Home		Borden, M	Ad-		TT.	S.A.	
13. FATHER'S NAME			- WIL OILO	1	4. MOTHER'S MAIDEN N			0,	0.44	
1/m . 477	en Skidmor	0.0			Emma V.	onno	do.			
15. WAS DECEASED EV	ER IN U. S. ARMED FORCE	ES? 16.	SOCIAL SECURITY NO.	17. INFO		001110	Addr	ess Bor	x 185	
(Yes, no, or unknown)	(If yes, give war or dates of se	rvice)	None	Marc	Polnh Di	lonle	מ פ ת פ			
NO CAUSE OF DE	NONE ATH [Enter only one cou		None	Mrs	. Ralph Bl	Lank,	N.D.C.I		NTERVAL B	
	ATH WAS CAUSED BY:	7/	10 (0), (b), ond (c).		in Ma	1			DNSET AND	
111128	IMMEDIATE CAUSE (a)	4	ganes	usi	we ca	rae	p			
4437	DUE TO	X	11 0		0				3/12	4.0
Canditions, if gave rise to		10	ascula	er	disea	ai	1		die	The .
cause (a), stating	the under-									1
lying cause last.	- (0)									
PART II. OT	THER SIGNIFICANT CONE	O	CONTRIBUTING TO DEAT	H BUT NO	T RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART 1(PERFO	ORMED?
20g ACCIDENT W	AS UNDERLYING []	20h DES	CRIBE HOW INJURY OCC	LIPPED //	inter nature of injury in f	Part I or Part	I II of item 18.)		AES [NO [3
	G CAUSE OF DEATH Y MEDICAL EXAMINER)	LOU. DES	CKIDE HOW HAJOKI OCC	LOKKED. (I	the holore of injury in r	OTT TO TO	i ii oi neiii ib.,			
20c. TIME OF INJU Hour a.m.	10	While	NJURY OCCURRED 20 Nat white at work	De. PLACE factory	OF INJURY (Home, farm r, street, office bldg., etc.	, 20f. (City	ar town)	(Cou	nty)	(State)
	hat I attended the		7		105.1	11-19	10 56	×		
	11-19	oeceas	~~		1, 1900, 10	2		"that I las		
alive an	5	-1/19-	o, and that d	leath of	curred at 130 P					
ACTUAL SIGNATURE	A.C'x	&	elel	M.D	39W)	Way	reet, city or town,	store)	11-1	9-58
PHYSICIAN'S NAME (Type)	H.C.D	1'8	HL, M.	D,	From	to	ngi	and	(
	ON, 226. DATE THEREO		22c. NAME OF CEMETI	ERY OR C	REMATORY	22d. LOCAT	TION (City/tawn, o	or county)	(Sta	te)
REMOVAL (Specify Burial	11-22-58		Frostburg	Mem	orial Pari	Fro	sthung		Md.	
23. FUNERAL DIRECTOR	R'S SIGNATURE HE	fer				D BY REGIST		TRAR'S SIGNA		
Bulah H. M	sulsant 23	E.	Main, Fros	tbu	rg, Md dill 2	4 '58	Certhur	8. Krau	4.	
					1000					

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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12004 CERTIFICATE OF DEATH

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	7.7	002	OEI(III		TE OI DEATH			Reg. Dist. N	lo.	
1. PLACE OF DEAT	rh NY		MARYLA	AND	2. USUAL RESIDENCE (Who o. STATE MARYLAND	ere deceased l	& COUNTY	ALLEGAN		on)
	VN (If outside carparate lim	its. write	c. LENGTH OF STAY IN	1 1b	c. CITY OR TOWN (If au	utside cornora				
CUMBER1	ive nearest town) _A ND		7 HRS. 54					ORAL GIIG GIIG I	icorear rowing	
d. NAME OF HE OR INSTITUT MEMORIAL	OSPITAL (If not in hospital, ION WAR HOSPITAL	WICK ORIAL	address) AND AVF		d. STREET ADDRESS MILL RUN	1			e. IS RESII ON A YES	FARM?
3. NAME OF	Libel:	nt IAL				A DATE				- Const
DECEASED (Type or print)	BAB		Middle GIRL		WINEBRENNER	4. DATE OF DEATH	NOVE		1.	9 58
5. SEX FEMALE		7. MARR	RIED NEVER MARRIED		NOVEMBER 24,	1958	AGE (In years last birthday) yrs.	Manths Day		Min.
	PATION (Give kind of work		[]		TRY 11. BIRTHPLACE (State of	or foreign com		12 CITIZEN	OF WHAT	COUNTRY
during most al	working life, even if retired	3)	KIND OF BUSINESS ON		CUMBERLAND				. A.	COOMIN
13. FATHER'S NAM	E				14. MOTHER'S MAIDEN N	AME				
	DAVIS WINEBR	ENNER			THELMA I.	BROADW	TER			
	DEVER IN U. S. ARMED FOI	RCES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT	DITOHON	Add	ress		
(Yes, no. or unknown)	1st yes, give war or dates of	service)		ME	MORIAL HOSPI	TAL	CUMBE	RLAND,	MARYLA	AND
18. CAUSE OF	DEATH [Enter only one of	ouse per li	ne far (a), (b), and (c).]		5 0.		2	1 1	NTERVAL BET	WEEN
PART I.	DEATH WAS CAUSED BY:	-)	tailme	1	Bucke roke	a ole	my My	ulan	MOET AND	DEATH
761.3			1	8.0	1		1			-
Canditions,	if any, which)	/	Newal	Eli	lg	0				
	to immediate DUE TO	c)		(
PART II		IDITIONS C	CONTRIBUTING TO DEAT	H BUTT	NOT RELATED TO THE TERMIN	VAC DISEASE	COULTON GR	PART 1(a)	19. WAS A PERFOR	RMED?
OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF DEATH	20b. DES	CRIBE HOW HJURY OCC	CURRED	. (Enter nature of injury in Po	art I or Port II	of item 18.)			
Hour o	NJURY Month, Day, Ye . m. . m.	ear 20d, If While at war	Nat white	Oe. PLA	CE OF INJURY (Hame, farm, ory, street, affice bldg., etc.)	20f. (City a	tawn)	(Caunt	y)	(State)
21 1 00016	. that I attended the		15 115	1 1	1/d3 10 K) " "	7416.	1057			
olive on	y that I ottended the			leath	occurred at 10:501	PM, from		,that I last and on the c		
ACTUAL SIGNATURE	Loden	2/11	Camo	Ter N	636	DDRESS (Stre	el, city or lawn.	ecrosa	COLSBA	TE SIGNED
PHYSICIAN'S NAME (Type)	DR. LELAND	RANSO	М							
220. BURIAL, CREM REMOVAL (Sp.	ATION, 226. DATE THERE	OF ()	22c. NAME OF CEMETI	ERY OR	CREMATORY	22dy LOCATIO	N (City, town,	or county)	(State)	
23. FUNERAL DIREC	CTOR'S SIGNATURE	2	ADDRESS	Yasp	14	BY REGISTRA		STRAR'S SIGNAT		<u> </u>
					DATE	OV 2 8 3	00	when S. 7	nous	
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CONTRACTOR STATES

Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Cambria c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO Y 7 Colonial Ridge Rd. Yeor 1958 Nov . IF UNDER TYEAR IF UNDER 24 HRS. Months Hours 12. CITIZEN OF WHAT COUNTRY? America 7 Colonial Ridge Rd. Johnstown INTERVAL BETWEEN ONSET AND DEATH 45 Min. Min. PERFORMED? YES NO (County) (State) Cumberland, Alleg. Md. DATE SIGNED 22d. LOCATION (City, town, or county) (State) 24b. REGISTRAR'S SIGNATURE DATE NOV 1 0 '58 arthur & Thous

VS. A15ME 5M 2/57

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